fled in by the funeral ages I and 2 should s after death. Afrin 24 hours after TO HOST IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours af The law requires that the death certificate be executed VR A15 (4)

15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

O1 14 0

24.00				0.14 3					
I. PLACE OF DEATH a. COUNTY				nstitution: Residence before admissio					
Anne Arundel	MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel							
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16								
write RURAL and give nearest town) Annapolis	Firs.	/d Annap	olis						
d. NAME OF HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS	0210	e. IS RESIDENE					
		25 D.		ON A FARA					
Anne Arundel General Ho	Widgle		nch St.	Day Year					
DECEASED (Type or print) Walter	WILLIAM	ADAMS	DEATH Februar	10.63					
5. SEX 6. COLOR OR RACE 7. A	ARRIED NEVER MARRIED 8.	DATE OF BIRTH	9, AGE (In years last birthday)						
Male Negro w	DOWED TO DIVORCED TO	Feb. 24-1909	50 yrs.	Months Days Hours Min.					
On. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTRY		& State, or foreign country)	12. CITIZEN OF WHAT COUNT					
done during most of working life, even if retired) Bar Tender	****	Mamelan	۵	11 0					
3. FATHER'S NAME		Marylan Marylan		U.S.					
Charles E. Adams		Henrietta -							
5. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 17	NFORMANT	Address						
Yas, no, or unkown) [Hyesgive war or datas of service No	214-05-0801 Cha	wles C Adem	s - 16 Carver	C+ Amma Md					
	KIA-CJ-CCOI Mic	TTOS U. MUMIL	s - To Callel.	Die Allie, Mue					
18. CAUSE OF DEATH Enter only one caus	a par line for (a), (b) and (c).	0	1	ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY:	cet tellen	may 2	lema	312					
11000	1	1							
DUE TO	m	0 -1	1 - 2	. 7/					
Conditions, if any, which (b)	myo caraci-	mar	ellen!	L sur.					
gave rise to immediate cause	2 4	4	111	,					
(e), stating the underlying causa last,	Mui rela	rate C	VD	3-71.					
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO []					
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING 20b 20a. ACCIDENT WAS UNDERLYING 20b (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pa	art I or Part II of Itam 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a.m.,	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)					
Hour a.m.	77 11110	ory, street, office bldg., atc.)							
7100	at work at work		<u> </u>						
21. I certify that (I) (NGC/6836NGE)	attended the deceased from	, 1	9, to Feb 2,	,, 1962, that (I) (see)					
saw the deceased alive on	b. 2. 1962 and that	death occured at	M, from the causes a	and on the date stated abo					
22a. SIGNATURE	10	12:30 F	Pl	22b. DAT					
Trembonsley	Lly M.	D. PHYS. [X] DII	ED. STAFF RECTOR PHYS.	2·2·6					
22c. PHYSICIAN'S		22d. ADDRESS							
NAME (Type) Frank M. Shi	pley	121 Cathe	dral St., Anna	apolis, Md.					
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, low	n or county) (Stata)					
Burial Feb. 5-62	St. Marys		Annapolis,	Md.					
4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'I	D BY REGISTRAR 256. REG						
	is, Maryland	5	ED 13 62	mins S. Firms					
	,	DATE P	AR A W VA	A, FISHER					

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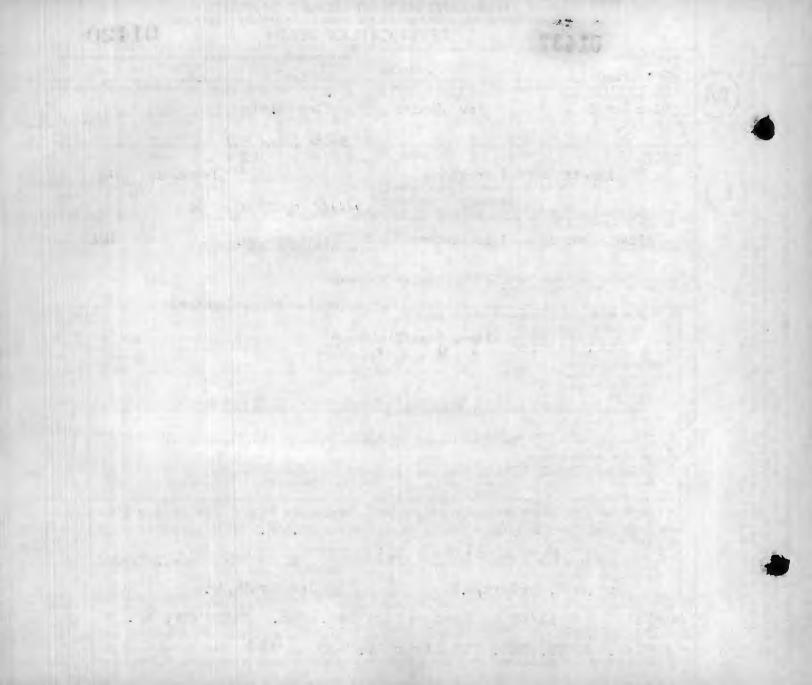
01437

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01420

1.	Anne Ar				MARYLA	11	a. STATE	sidence (Wi	here decease	b. COUN		Resident	ce befor	e admiss	iion)
	b. CITY OR TOW	/N (If outside co	orporote limits	, write	c. LENGTH OF STAY IN	lb	c. CITY O	TOWN (IF	outside corp	orate limits, writ	e RUR	AL and g	give neo	rest town	1)
	Glen B	-	·		Few minutes		X_G1	en Bur	nie_						
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION							d. STREET	ADDRESS e 2 Bo	~ 817						SIDENCE A FARM?
3.	NAME OF		First		Middle			ost	4. DATE	1	Month		Da	y	Year
	(Type or print)	Emmett	Suri nd	e7 A	rmstrong				OF DEATH	Februit	0 2777	7	th.		19 60
5.	SEX				RIED NEVER MARRIED	□ B. I	DATE OF BIE	RTH	-	9. AGE (In ver	ars IIf	UNDER	1 YEAR		ER Z4 HRS
	M	7.7		WIDOWI			11611	m/12	/00	lost birthdo	yrs. 1	Months	Doys	Hours	Min.
100	. USUAL OCCUP	ATION (Give ki	nd of work de	one 10b.	KIND OF BUSINESS OR II	NOUSTR	Y YT BRTH	PLACE (Stote	ar foreign	country)		12.CITI	ZENOF	WHAT	COUNTRY
13.		warking life, ev S Maker		Glas	s Factory		Bal 14. MOTHER	timore	Md				USA-		-
15	WAS DECEASED	EVER IN U. S.	ARMED FORC	ES? 16	SOCIAL SECURITY NO.	17. INFO	RMANT	•			Addres	s			
	s, no, or unknown)		ar or dates of ser		SOCIAL SECONITI INO.	.,									
		DEATH WAS C			ne for (o), (b), and (c).) tral Insuffi		Jenn reoy	ic Le	e (da	ughter)			INTE	RVAL BE ET AND	ETWEEN DEATH
	gove rise to couse (o), state lying couse to		DUE TO (c).												
CATION	PART II.	OTHER SIGNIF	ICANT COND	HTIONS S	CONTRIBUTING TO DEATH	BUT NO	OT RELATED	TO THE TERM	INAL DISEA:	SE CONDITION	GIVEN	N IN PAR	T 1(o) 1	PERFC	AUTOPSY DRMED?
CERTIFI	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLING CAUSE	OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	URRED. (Enter noture	of injury in	Port I or Pa	rt II of item 18.)					
MEDICAL	Hour o.	NJURY Month, m.	Doy, Yeor	While				(Home, farm ice bldg., etc		y or town)		(0	Caunty)		(Stote
					ded the deceased fro										
	220. SIGNATUI 210.2 22c. PHYSICIAN	Law.	-		cherdung	13	ATTEND	NG M	ED.	STAFF	2/	7/62)		SIGNEL
	NAME (Ty	ustava	H. Fau	hert	.M.D.		G	len Bu	rnie.	Md.					
23	BURIAL CREM	ATION, 23b. D	ATE THEREON	F	23c. NAME OF CEMETE Me adowric		REMATORY		23d. LOCA	TION (City, tav				(Stat	ie)
24	FUNERAL DIREC				ADDRESS			25g. REC*	D BY REGIS	TRAR 25b. R	EGISTI	RAR'S SIC	GNATUE	RE	
	JOHN H	. DEN	NY. II	NC.	715 Light	St.	-30	DATE	89 4	62 (Jord's	un I.	9 Trais	As	

TO HOSPITAL moy be reta TO FUNERAL DAY VR A15 (4) 15M 9/59



PRESTON STREET, BALTIMORE 1, MARYLAND funeral 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY the d PUNDEL MARYLAND TO b. CITY OR TOWN (if outside corporate limits, CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) NWAPOLIS within e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? hour PNERAL YES NO L completely NAME OF 4. DATE Day Year Month DECEASED OF DEATH (Type or print) 19 carbon S. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. last birthday) Months Hours Davs WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) NONE APOL NONE 13. FATHER'S NAME GRORGE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war opdates of service) GEORGE INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY z-3aoys IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 17. WAS AUTOPSY CERTIFICATION as o PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Port II of item 18.) OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer lactory, street, office bldg., etc.] Not While While Hour a.m. at work et work 21. I certify that (I) (this hospitel) attended the deceased from...... saw the deceased alive on....... 22e. SIGNATURE SIGNED PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CEMETERY OR CREMATORY 230. BURIAL, CREMATION, **ಕ್ಷ್ಮಾ**ಕ್ಟರ್ಕ್ಕ REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 Chang S. Thomas

tsem? the state of the s TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Party may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the facetor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01422

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)						
Anne Arundel	MARYLAND	a. STATE Maryland Baltimore City						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give_nearest town)	c. LENGTH OF STAY IN 16							
Crownsville	14 days	Baltimor	re	- 2	2001-4			
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho.	spital, give street address)	d. STREET ADDRESS			. IS RESIDENCE			
Crownsville State Hosp		1307 N.	Central	Avenue	YES NO X			
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Year			
(Type or print) Ella	W.	Bazemore	DEATH	2	13 19 62			
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 1 8	. DATE OF BIRTH	9.	AGE (In years IF UNDE				
Female Negro widowi		September 1	1, 1885	16 yrs. Months	Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or fo	reign country) 12,	CITIZEN OF WHAT COUNTRY?			
Unknown		Florid	la		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
Whitt Watson			cnown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address				
(Yes, no or unkown) (If yes give war or dates of service)	Unknown	Hospital Red	cords					
18. CAUSE OF DEATH [Enter only one cause per	line for (a). (b), and (c) 1				I INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:		D			ONSET AND DEATH			
IMMEDIATE CAUSE (e)	Hypostatic	rneumonia						
522 X DUE TO								
Conditions, if any which (b)	Semility du	e to Chronic	Brain	Syndrome	=			
gave rise to immediate cause	x							
(e), stating the underlying								
(c)	STRIBLITING TO DEATH BUT NO	T DEL ATED TO THE TEDAL	MAI DISEASE CO	ONDITION GIVEN IN DA	ADT 1/4/1 10 WAS ALITOPSY			
Dehydra:	tion, Inanition		ince purchase of	STORIGHT GIVEN HVIV	PERFORMED? YES NO 3			
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS Dehydra: 208. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Entar nature of injury In	Part I or Part II o	f item 18.)				
	MINION OCCUPATO I DO DI A	OF OF BUILDY III	1 201 /01	- 1	(6,4,1)			
Hour a.m. While		CE OF INJURY (Home, farr ory, street, office bidg., etc		er town]	County) (State)			
	ded the deceased from	1/29	1062 10	2/13	19.62 that (I) (we) last			
saw the deceased alive on	19.9.9 and that	death occured and	MM, ITOM	the causes and or				
220. SIGNATURE	wyll alpm		MED.	STAFF PHYS.	22b. DATE SIGNED, 2/14/62			
22c. PHYSICIAN'S Lionel McHen:	ry Mapp, M. D.	22d. ADDRESS Crownsvi	ille Sta	te Hospital	, Maryland			
23a, BURIAL, CREW JON, 23b, DATE HEREOF	234./NAME/OF CEMETERY	OR CREMATORY	123d 10C41	ION (City, town or cor	unity) (State)			
PEMOVAL (Specify)	Noun CE	V W W	236. LOCA	TON JOHY, IOWH OF COL	Manslers			
24 FUNERAL DIRECTOR/S/SIGNATURE 9/8	DO H- W	Λ	C'D BY REGISTR	AR 25b. REGISTRAR	S SIGNATURE			
The Hardrener 110	A. M. WILLIAM	The state of	FR 73 07	1 Constant				

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	01440	CER	TIFICA	ATE OF DEATH	l		Reg. Des	140	3
1. PLACE OF DEATH o. COUNTY Anne	Arundel	M	ARYLAND	2. USUAL RESIDENCE (Whe			an: Residence l		
PilPAI and give no	outside corporate limits orest town) ge G. Mead			c. CITY OR TOWN (IF ou		ate limits, write R	URAL and give	nearest tov	vn)
d. NAME OF HOSPIT	AL (If not in hospital, gi			d. STREET ADDRESS	teven	Road	,-	ON	A FARM?
3. NAME OF DECEASED (Type or print)	firs FR		ldle	BIRD	4. DATE OF DEATH	Mon Februar		Doy 12	Yeor 1962
Male	16811	7. MARRIED NEVER MA	RRIED	8. DATE OF BIRTH 26 Feb 1878		9. AGE (In years last bythday) yrs.	IF UNDER 1 Y Months Do		7
0o. USUAL OCCUPATION during most of work Retired	ON (Give kind of work ding life, even if retired)	one 10b, KIND OF BUSINES	S OR INDUS	New York	r foreign co	untry)		SA	COUNTRY
3. FATHER'S NAME Unkno	wn			14. MOTHER'S MAIDEN NA					
5. WAS DECEASED EVER	R IN U. S. ARMED FORCE If yes, give wor or dates of sec	TES? 16. SOCIAL SECURITY	NO. II	on Lt Col Edward	ard Bi	rd (Reti	red) S	ame as	s ite
	TH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per line for (a), (b), and Cardio Vascu		ccident				INTERVAL B	ETWEEN BYSTH
Conditions, it or gove rise to it couse (o), stoling t lying couse lost.	nmediate (DUE TO	Arterioscle	rotic	caddiovascula	r dise	ease		Unkn	own
_	FR SIGNIFICANT COND	ITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART 1	PERF	S AUTOPS ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206. DESCRIBE HOW INJURY	CCURRE). (Enter noture of injury in Po	orl I or Part	If of item 18.)			
20c. TIME OF INJURY Hour o. m.	Month, Day, Year	20d, INJURY OCCURRED While Not while of work		CE OF INJURY (Home, farm, tory, street, office bldg., etc.)		or fown)	(Cou	nty)	(Stat
21. I certify the alive an1	of 1 attended the AFO		3 Feb nat death	accurred at 3:15 4		he causes an	state)	ate state	ed abay
PHYSICIAN'S NAME (Type)		PEREZ-MERA, C	·						-
BILLIE (Specify)	2-14-196	AZC. THAME OF C	_	Cama tony	Clen	Barrie		(Sto	d.
11 11 111	Ware -	e Glen Bre	vie,	mxl. DATE	BY REGISTI		Circling S.		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 441 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) e. COUNTY Same Same Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, write RURAL and give nearest town) write RURAL and give nearest town) Glen Burnie vears Same d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Same refained be State E YES NO. Box 134 Salley Rd. 3. NAME OF 4. DATE Middle Leat Month Yeer death If any DECEASED (Type or print) DEATH 62 February 13th. Grace Dorworth Bowdoin 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF JNDER 24 HRS 8. DATE OF BIRTH last birthday) Months Deys Hours and WIDOWED X DIVORCED [l and 10a. USUAL OCCUPATION (G.ve kind of work [10b, K ND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? Page . done during most of working life, even if retired) 11 USA Pages Pennsylvania Retired housewife pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME form PM3. Bertha Shoemaker Lewis O. Mosher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes give we ror detes of service) Mr. Laurence Bowdoin (son) None This certificate should be executed 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: General Arteriosclerois IMMEDIATE CAUSE IN DUE TO Conditions, if env. which gave rise to immediate cause "pending" Examiner's (**DUE TO** (a), stating the underlying cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18): 19. WAS AUTOPSY PERFORMED? Word 8 NO 10 Medical should I 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Jem 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DICAL EXAMINER: writing the Chief A 20c. TIME OF INJURY (County) Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (Stella) factory, street, office bidg., etc.) Not While While et work al work the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 7. Inquiry X 20 and in my opinion forwarded L DIRECT Undetermined manner Natural causes w Accident Suicide Homicide death resulted from. CHIEF MEDICAL EXAMINER Tustave XX auberous designated please ex.
4 should be for IO FUNERAL I or its designates ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER TO DEPU Glen Burnie, Md. NAME (Type) Gustave H. Faubert, M.D. Address (Street, city town, or county) 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, REMOVAL (Specify) Baltimore, IId. Parkwood Cometery B rial 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR A15ME C St. Pa 1 St. Inc. SM 9 60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY director, Page or your files, and of Health, 5. COUNTY Anne Arundel MARYLAND Same b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Same <u>Severna Park</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS . IS RESIDENCE ON A FARM? State YES NO W Cypress Creek Road Same retaine death. Middle 4. DATE Month Year DECEASED OF the (Type or print) DEATH February with 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 5. 5EX 8. DATE OF B.RTH 9. AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. may 2 last birthdey) Months Deys House WIDOWED T DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? uld be executed within 24 hours aff in pencil in Item 18. Give Pages 1, 2 done during most of working life, even if retired) within Automobile Dealer USA pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File George W. Bowen Mellie Crum 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unknwn) | (If yes give werer detes of service) Mrs. Dorothy Hilda Bowen (wife) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH Sudden PART I. DEATH WAS CAUSED BY: and Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which "pending" gave rise to immediate cause cerificate, writing the word "pending" rded to the Chief Medical Examiner's IECTOR: Page 3 should be used as a DUE TO (e), stating the underlying ould be used a cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,011 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter return of injury in Port I or Port II of tem 18.) the L. 28. Page 3 s. to burials PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not While WED Hour e.m. et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 2/9/62 **EXAMINER'S** NAME (Type) Faubert M. D. RAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) Glen Burnie . Md. 220. BURIAL, CREMATION, 226. DATE 22d, LOCATION (City, town_or country) REMOVAL (Specify) Q40 g ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME C Cirching S. Thrus 5M 9/60



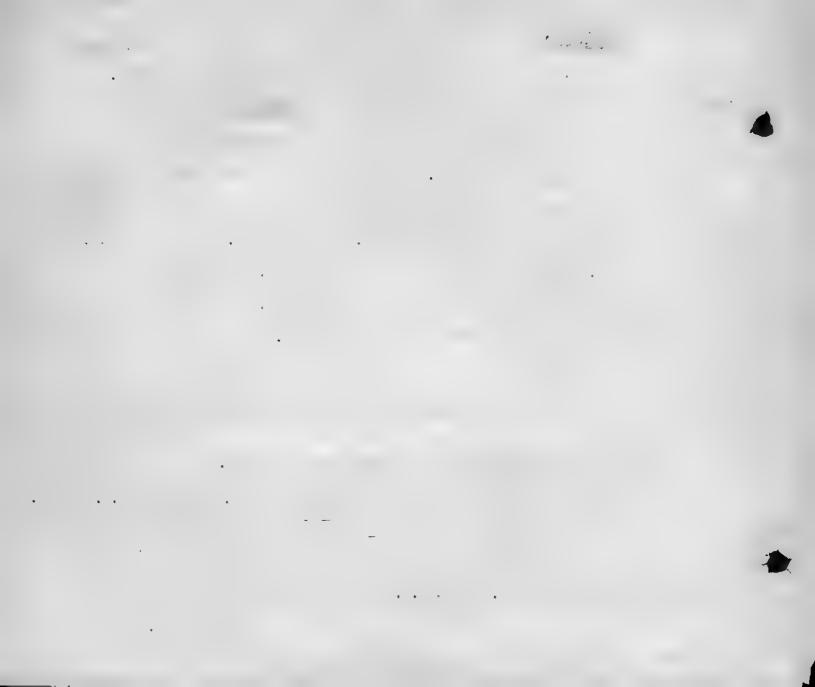
DAY DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY COUNTY Anne Arundel MARYLAND Maryland Talbot \$ 7 7 by the and 2 death. 195 b. CITY OR TOWN (I outs'da corporate limits, e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e LENGTH OF STAY IN 16 write RURAL and give nearest town) Crownsville 1 mo. 2 days Easton within d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, give streat address) B. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Crownsville State Hospital completely executed 3. NAME OF Last 4. DATE Month Middie DECEASED OF (Typs or print) Branch DEATH 1962 Maggie and comp carbon part, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX jast birthday) Months Min. March 10, 1883 Female Negro WIDOWED DIVORCED death certificate 10a, USUAL OCCUPATION (Givs kind of work physician remove ever 12. CITIZEN OF WHAT COUNTRY? 10b KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Virginia U.S.A. Domestic 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending ph Nelson Branch Marv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) (If yes give war or dates of service) Hospital Records Unknown Unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hypertensive Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (6) gava risa lo immediata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY PERFORMED? certifical as of Chronic Brain Syndrome Associated with Arteriosclerosis NO X 20a ACCIDENT WAS UNDERLYING 1 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I of Part II of Iem 18) OR CONTRIBUTING CAUSE OF DEATH Afteri 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, office bldg., etc.) While Not While at work at work ay be retaine DIRECTOR: saw the deceased alive on 22b. DATE 22a. SIGNATURE 20/62 SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) L. Benedict. M. Crownsville State Hospital, Maryland 234 LOCATION (City, town or county) (Stata) 23c NAME OF CEMETERY OR CREMA PRIO ANTI-23a BUR.AL, CREMATION 236, DATE THEREOF REMOVAL (Spacify) कें हैं 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 5 '62

MARYLAND STATE

DEPARTMENT OF HEALTH

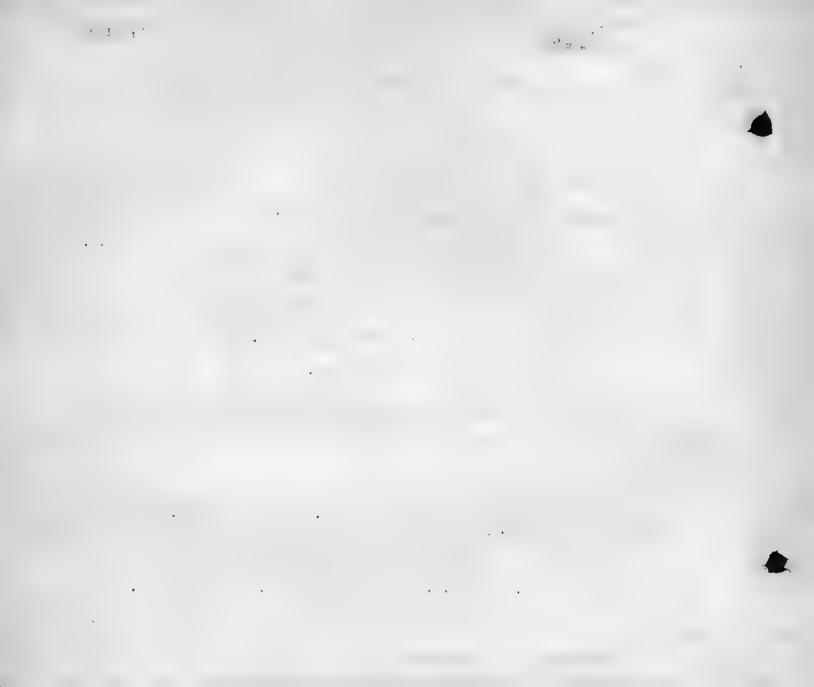


YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where dacaasad I vad, If 'nstitution Residence before adm ssion) 1. PLACE OF DEATH e. COUNTY b. county alto. Maryland Anne Arundel MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Sunset Hall Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Anne Arundel General Hospital 2797 Yarnall Road YES NO ate 3. NAME OF Middle DATE Month DECEASED OF (Type or print) HAROLE BRT TTOM DEATH 62 February B. DATE OF BIRTH 19. AGE (In yours IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED last birthday) Months Hours Male 1 WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 1Db KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pages 1, 2 M3. Page done during most of working life, even if retired) U.S.A. Rating Clerk Gas & Electric Co. Baltimore. Md. pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Britton Bessie M. Whennen 110 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) ((If yes give war or detes of service) with permi Mrs. Dorothy M. Pike-2797 Yarnall Road-Sunset 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carbon Monoxide Intoxication. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause ro. DUE TO (a), stating the underlying cause last. IOH, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? P. X NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING [] Ran hose from exhaust pipe into auto. writing | Chief / Page 3 s to buria Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY factory, street, office bldg., etc.) 62 at work at work K St. Margaret Öā 21. I certify that I took charge of the remains described above, held an Autopsy 💢 Inquiry Inspection and in my opinion forwarded I L DIRECTO Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER TO DATE SIGNED should be for FUNERAL I esignate SIGNATURE 15/62 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Typa) Charles S. Petty M.D. Addr 22c NAME OF CEMETERY OR CREMATORY Address (Streat, city, town or county) 228. BURIAL, CREMATION, 225 DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Z40 9 Baltimore Bumal Parkwood Cemetery 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME warmers de l'anne 5M 9160 K



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. BALTIMORE CERTIFICATE OF DEATH death certificate be executed within 24 hours after L. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if stratution: Residence before edmission) a. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside porporale Pinits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) RURAL - Churchton 32 hours Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Anne Arundel General Hospital 3. NAME OF 4. DATE Middle Last Month DECEASED and comp carbon pa (Type or print) DEATH BROWN 19 62 Richard Earl February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR JF UNDER 24 HRS. last birthday) Months Male WIDOWED DIVORCED February Negro 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? U.S. Maryland Newborn 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Barbara Lola BROWN Richard Earl JOHN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) ! (If yes gryewar or dates of service) Hospital records 18. CAUSE OF DEATH Kinter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY Prematurity - 26 weeks gestation. IMMEDIATE CAUSE (e) DUE TO Retroplacental hemorrhage. Conditions, if any, which geve rise to immediate cause **DUE TO** (a), stating the underlying certificate has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY CERTIFICATION 20 PERFORMED? 20e, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or fown) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work (I) (NUCLEUM) attended the deceased from Feb. 12., 162, to Feb. deceased 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS NAME (Type) Dean St., Annapolis, Md. McH. 230. SURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR GREMATORY 23d. LQCATION (City, town or county) (State) O 25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7/61

RYLAND STATE DEPARTMENT OF HEALTH



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND
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d co bon within		5. SEX 6 COLOR OR RACE 17. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years II UNDER 1 YEAR) IF UNDER 24 HRS.
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tend ten pl	(1)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? TO SOCIAL SECURITY NO. 17. INFORMANT
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ss th cian. by th rmit.		18. CAUSE OF DEATH Enter only one cause per une flor (e), (b) and (c)]
quire hysic ned l		PART I. DEATH WAS CAUSED BY: [Cylinal Flistil Time]
w re		DUE TO COLOR TO TO SOLLAR.
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has has bu		(e), stating the underlying DUE TO A. S. H.D. WILL Courts Illian Tibell 3 Week.
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SIC ospil ertification to		₹ YES NO TY
HY He he is ce for u		20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter no ure of injury in Part I or Part II of item 18.) CON CONTRIBUTING CAUSE OF DEATH
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Aff Aff etac		Hour e.m. While Not While factory, street, office bldg., etc.)
reni etaii OR: be d		21. I certify that (i) (this change of the deceased from Feb. 4,, 1962, to Feb. 4,, 19.62 that (i) (1932) last
AT SECTION OF SECTION		saw the deceased alive on Feb. 4,
OR Phay DIR!		226. SIGNATURE 226. DATE ATTENDING MED. STAFF 226. DATE SIGNED
Page 4		Holding 1. Office of MD PHYS. DIRECTOR PHYS. D 2/5/62
Pas Fas FR Wit	i	122c PHYSICIAN'S NAME (Type H. T. O' HERLINY MD) 5 Central Cave. Her Unine la
HO:		230. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, 10wn or county) (State)
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VR A15 (4)	Kg	20 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
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_	S SEX	and a second sec	7 MARRIED NEVEL		8 DATE OF BIRTH	9. AG	E (In years birthday)	Months Do		ER 24 HI
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any	1 1	OF DEATH [Enter only one co							NTERVAL BE	
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Board	31	JART BERNSTEIN,	Capt., M.C		Kimbrough	Army Ho	sp Ft	Geo G.	Meade	, Md
tate	23a BUR AL 6	REMATION 236, DATE THEREO	F 23c, NAME	OF CEMETERY C	OR-CREMATORY	23d LOCATION (City, tawn, a	r county)	(Sto	te)
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A CERTIFICATE OF DEATH	MARYLAND 01433
deaph.	1. PLACE OF DEATH 2. COUNTY Anne Arundel 4. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) 2. USUAL RESIDENCE (Where deceased lived, if institution: Rec. STATE 6. COUNTY 6. STATE 6. STATE 6. COUNTY Maryland Anne Arunde 7. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	lel
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smove carly y event,	Female Colored WIDOWED DIVORCED 2/19/87 711 yrs. 10e. USUAL OCCUPATION (Give and of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Stele, or foreign country) 12. CITIZ	LEN OF WHAT COUNT
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3 should b	21. I certify that (I) (this hospital) attended the deceased from	
ector, page filed with	22c. PHYSICIAN'S NAME (Type) Dr. Aris T. Allen Cathedral St., Annapolis, Md 23a, BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY	7 (5)
MS (4)	BEMOVAL (Specify) 2-6-1962 Brewer Hall Comapolis 25 FLINERAY DIRECTOR'S S GNATURE DADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S S	IGNATIONE TO THE



1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. O. A.	1434
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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comporate limits, write RURAL end give neerest town) write RURAL end give nearest town! d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO F J. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH Alice 19 . > 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. B. DATE OF BIRTH last birthday) | Months | WIDOWED A 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working Irle, even if retired) 13. FATHER'S NAME please 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTÉRVAL BETWEEN has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO L 20a. ACCIDENT WAS JNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stete) 20f. (City or town) (County) fectory, street, office bldg., etc.) While Hour a.m. _Not While el work at Work and that death occurred at III.M, from the causes and on the date stated above, saw the deceased alive on. ATTENDING 220. SIZNATURE 22b. DATE SIGNED DIRECTOR | 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 121 Cathedral St., Annapolis, Md. 23a BURIAL CREMATION 23b, DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) OF 123/05/11/10 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) arthur S. Traus ISM 7/61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidanca before admission) a. COUNTY **b.** COUNTY Anne Arundel Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town, write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Anne Arundel General Hospital Acton Place 3. NAME OF Middia 4. DATE Month DECEASED OF (Type or print) DEATH William Albert CLARK February 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) dong byling most of working life, aven if retired) narmal Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCEST SOCIAL SECURITY NO. (Yas, no, or unkown) (Afres give werer dates of service) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** A arteroccleron Conditions, if any, which gave rise to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 113), 19. WAS AUTOPSY GRITHCATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Part II of Itam 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, streat, offica bldg., atc.) Hour a.m. Whila Not While al work at work 21. I certify that (i) Khis respired attended the deceased from..... SIGNATURE ATTENDING PHY5. DIRECTOR PHYS. M.D. ADDRESS 22c PHYSICIAN'S 22d, CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 100 BURIAL CREMATION, 1.23b. NAME OF REMOVAL 0 4 2 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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Chithur & House

Anne Arundel

a. IS RESIDENCE ON A FARM? YES NO TE

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Year

12, CITIZEN OF WHAT COUNTRY?

U.S.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stata)

DATE

(Stata)

SIGNED



LAND STATE DEPARTMENT OF HEALTH



1		1	MARYLAND STATE DEPARTMENT OF HEALTH
			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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s the same and the			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c,) PART I. DEATH WAS CAUSED BY:
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the st			ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. D
ERA Page with th	- 1		22c PHYSICIAN'S NAME (Virial 1)
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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND O4 4 O O
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ed tely ers.		3. NAME OF First Model Last 4. DATE Month	Day Year
ecut pap n 72		(Type or print) H. F. MORONE DEATH FEB	23 1962
cor Cithii		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF t last birth day)	
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tha an. y the nit. remo	1	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
uires vsiciid bi p∎ri or		PART I. DEATH WAS CAUSED BY. TERMIN AL BRONCHO- PNEUMONIA	48 HRS.
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NG The She		20c. TIME OF INJURY Month, Day, Yeer 20d. NJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f (City or town) Hour a.m. While Not While factory, street, office bldg., etc.)	(County) (State)
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A Per		saw the deceased alive on TFB 221962, and that death occurred a 4MM, from the causes and	d on the date stated above.
OR Sho		arthur Lankford h. M.D. AFTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
in the		22c. PHYSICIAN S 22d. ADDRESS	
Paginer, bag with a set with a se		ARTHUR LANKFORD JR. 2934 MOUNTAIN RD PI	ASADENA, MD.
25年17年		236. BUR AL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, fown of CREMATORY]	or county) (Stata)
Çşçşy	1	Burial 37 reb, 1962 Glentlaven Camerery Glen DURNIE	rar's signature
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) e. COUNTY h. COUNTY Anne Arundel Marvland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Annapolis 12 days RURAL - Annavolis d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . d. STREET ADDRESS . IS RESIDENCE ON A FARM? Rt-4, Box-203 (Cape St. Claire) YES NO NO Anne Arundel General Hospital 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH Jessie ERDMAN 19 62 February 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Devs Months WIDOWED X DIVORCED Female January 31. physician 10a. JSUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore on country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Superintendent (ret.) Maryland U.S. Institution attending pt Then please r sval, and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Hayne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN Craig Hannah (Yes, no, or unkown) : (If yes give we rordates of service) Mrs. Jessie Diggs ////219 Same As #2 30 8000 h 18. CAUSE OF DEATH Enter only one INTERVAL BETWEEN ONSERAND DEATH IMMEDIATE CAUSE (+) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO XX 208 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enfer nature of mury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work st work 21. I certify that (I) (this tocepital) attended the deceased from Jan. 23, 1962, to Feb. 4, 1962 that (I) (We) last 5:00 **R**V 22b, DATE ISIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME [Type] Richard N. Peeler, M.D. Cathedral St., Annapolis, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 事品 OH Lorraine Park Cemetery 6世 Feb. '62 2Ty Aaltimore, Maryland
250. REC'D BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR S SIGNATURE ADDRESS VR A15 (4) Cirlhur S. Huma 15M 7/61 Glen Burnie, Md.

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY MARYLAND after death. b CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS OR INSTITUTION c NAME OF 4 DATE Middle Lost DECEASED DEATH (Type or print) 16 COLOR OR MACE 5. SEX 7 MARRIED NEVER MARRIED completely WIDOWED X DIVORCED | popers. hours 10g USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S EORG 15. WAS DECEASED EVER IN UFS. ARMED FORCES? 17 INFORMANT 116. SOCIAL SECURITY NO 18 CAUSE OF DEATH | Enter only one couse per fine for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year foctory, street, office bldg., etc.) Hour a m. While Not while 19 at work at work p. m. (this haspital) attended the deceased fram. saw the bar and that deceased 220 SIGNATURE ATTENDING MED DIRECTOR M.D. PHY5 22c PAYS 22d, ADDRESS MANE (Type) DATE THEREOF 230 BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 235 REMOVAL (Specify) BURIA FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE 8 5 15M 9/59

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2. USUAL RESIDENCE (Where; deceased lived. If institution Residence before, admission) b. COUNTY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. 15 RESIDENCE ON A FARM? YES NO X Day Month Yeor 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Days Hours (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 19 that (I) (we) last Beath accurred at 5 M, from the causes and an the date stated above. 22b, DATE SIGNED ANNAPOLIS, MD, 23d. LQGATION (City, town, or county) (Stote) 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Cutton &.



RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution: Rasidance before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 write RURAL and give neerest town) HR NOLA d STREET ADDRESS 6. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give straat address) ON A FARM? YES NO F RNOID 3. NAME OF DATE DECEASED OF DEATH (Typa or print) AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months physician and WIDOWED [DIVORCED F 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) ain 13. FATHER'S NAME (Yes, no, or unkown) | (If yes give wer or defes of service) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immadiata causa DUE TO (e), stating the undarlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION G VEN IN PART III) 19. WAS AUTOPSY PERFORMED? NO 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURED, (Enter nature of intury in Part I or Part II of dam 18.) 20d, INJURY OCCURRED 20a PLACE OF INJURY (Homa, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yaer factory, streat, office bldg., etc.) While Not Whila Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from ... 100 V 196/ to Jeb (c. 1962 that (1) (we) last . 19 Wand that death occurred at IIPM, from the causes and on the date stated above. saw the deceased alive on AN 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN S FUNER NAME (Type) 23s. SURIAL, CREMATION. VR A15 (4) 15M 9/60

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY e. STATE b. COUNTY b. CITY OR JOWN (I outside corporete limits, MARYLAND Maryland County Anne Arundel Co. c. CITY OR TOWN (if oulside corporate l'mits, write RURAL and give neerest lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ō Annapolis

d. NAME OF HOSP, TAL OR INSTITUT, ON (if not in hospital, give street address) Annapolis d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State E death, Anne Arundel General Hospital YES NO l Monticello Avenue 3. NAME OF DECEASED Middle hours after death. If ar OF the (Type or print) DEATH ADDISON FINK February 27. with the 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) Months Days Hours WIDOWED [DIVORCED X Aug. 27, 1916 Whi te 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page s 1 ans done during most of working life, even if retired) Meat Cutter Baltimore, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME pag Frank J. Fink Josephine Tucker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werordetesofservice) 220 09 6527 Mr Thomas J. Fink - Son - Same ad 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Office along ONSET AND DEATH IMMEDIATE CAUSE (6) Arteriosclerotic Cardiovascular Disease DUE TO Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), stelling the underlying Examiner nsed cause lest. cremation PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1, 81 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical Chronic Pulmonary Emphysema

S DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I of Pert II of Item 18.) DC NO T 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. rded to the Chier 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Ē While Not While Hour e.m. et work | et work 21. I certify that I took charge of the remains described above, held an Autopsy |X| Inspection Inquiry and in my opinion forwarded to L DIRECTO death resulted from-Natural causes 177 Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER slease executions the should be forwer by FUNERAL DIS ACTUAL ASSISTANT MEDICAL EXAMINER T DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER [DEPUT EXAMINER'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF SHAUB M. D. Addi Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 ò March 2, 1962 St. Mary's Cometery Burial Annapolis Maryland
240. REC'D BY REG STRAR | 245. REGISTRAR'S SIGNATURE ADDRESS VS. A15ME 2 162 5M 9/60 DATEMAR Annapolis. Md. " Ithan & Frances

ARYLAND STATE DEPARTMENT OF HEALTH



17	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1459 CERTIFICATE OF DEATH	1, MARYLAND 01444
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pers. Ages 1	Annapolis d. Name of Hospital or Institution (if not in hospital, g ve street address) Anne Arundel General Hospital 3. Name of Deceased Middle Last Annapolis	e, IS RESIDENCE ON A FARM? YES NO YOU
ian and complete carbon pa	(Type or print) Pearl FOWLER February 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOT NEVER MARRIED NOT NEVER MARRIED NEVER MARRIED NEVER MARRIED NOT NEVER MARRIED NOT NEVER MARRIED NOT NEVER MARRIED NEV	DER TYEAR IF UNDER 24 HRS.
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ysician, ed by the att f permit. The n, or removal,	(Yes, no, or unkown) (Illyes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Uremia with anasarca	HARVAL BETVEEN ASET AND DEATH 5 days
attending pl as been sign s burial-fransifrial, cremation	Conditions, if eny, which gave rise to immediate cause [a], stating the underlying cause last	Unknown
Axionamie hospital or is certificate for use as the prior to but	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 2 Do ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Jam 18.) OR CONTRIBUTING CAUSE OF DEATH	PART 1(e) 19. WAS AUTOPSY PERFORMED? YES XX NO
EADING Ferring ON: After this of detached to Health		(County) (Slote)
OK ALL may be referenced to the State Do	saw the deceased alive on Meb. 14,	
death. Par director, pag be filed with	22c. PHYSICIANS NAME (Type) Lionel McH. Mapp, M.D. 22d ADDRESS 22d ADDRESS 22d ADDRESS 22d ADDRESS 22d ADDRESS 23d Dean St., Annapolis, Mc 23e BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, fown or company)	
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APVI AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)). PLACE OF DEATH a. COUNTY b. COUNTY Anne Arundel 2/16 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town] Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IL IS RESIDENCE d. STREET ADDRESS ON A FARM? Anne Arundel General Hospital YES NO 3. NAME OF 4. DATE Day Year Middle Month F-111 OF DEATH (Type or print) Gardner February 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years IF JNDER I YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Min Months Hours Male White WIDOWED [DIVORCED February 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore gn country) done during most of working life, even if retired) Annapolis. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Gardner Barbara 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) . (If yes give we ror deles of service Hospital records 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Premature IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY CATION PERFORMED? NO CRITE 20b. DESCRIBE HOW INJURY OCCURED, lEnter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from....... 19 62 and that death occured at 20 M, from the causes and on the date stated above saw the deceased alive on...... 22b. DATE 22e. S GNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) Francis Severna Park, Md. 234 NAME OF CEMETERY OR CREMATORY 235. EURIAL CREMATION. 235. DATE THEREOF 23d. LOCATION (City, fown or county) [Stele] 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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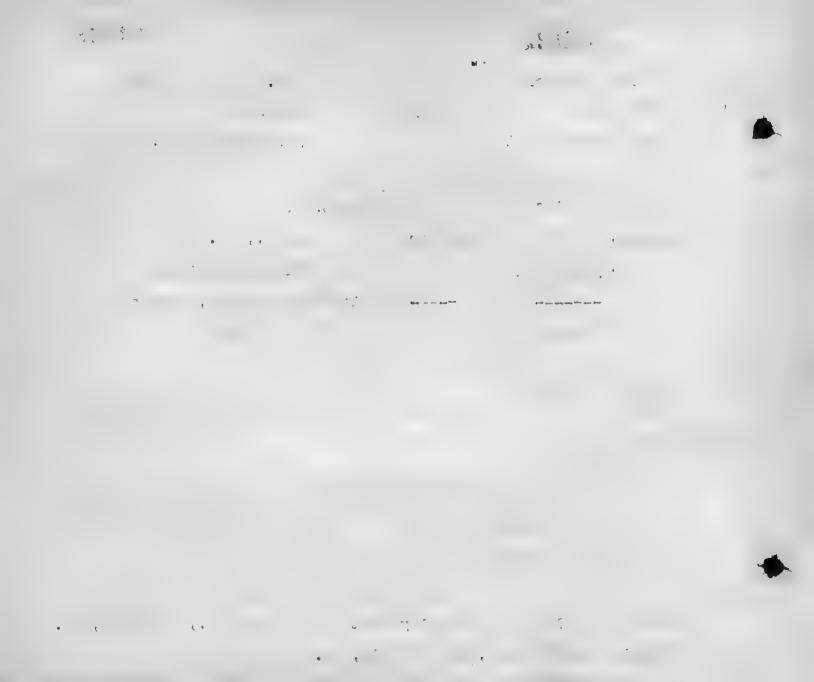
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	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
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	21 1 certify that (1) (this-hospital) attended the deceased fram. 2/17	on the date stated above.
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1			MARYLAND STATE DEPARTA		
10			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W CERTIFICATE OF	. PRESTON STREET, BALTIMORE 1, 1 DEATH	MARYLAND
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death. O FU directe		234	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREM.		
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DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidance before admission) 1. PLACE OF DEATH a. COUNTY a, STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mits. E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete mits, wr'te RURAL and give nearest town) write RURAL and give naarast lown) Pasadena. yrs Pasadena e, IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet addrass) d. STREET ADDRESS ON A FARM? Bayside Beach Drive Bayside Beach Drive YES X NO 4. DATE 3. NAME OF M.ddle Year DECEASED OF DEATH (Type or print) 62 19 Hancock Feb Harry 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED last birthdey) Months Days Min. Hours Malle WIDOWED [DIVORCED 12, CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (Give kind of work (County & State, or fore, an country) dona during most of working lite, even f retirad) USA Own Farm AA Co., Md. Farmer. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matilda Wilkinson Harry Hancock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO.: 17. INFORMANT Address (Yas, no, or unkown) ((fyes give war or dates of servica) Miss Matilda Cook. no Same as 2 18. CAUSE OF DEATH [Entar only one cause par time for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (n) DUE TO Conditions, if any, which gave risa to immadieta cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? wine PA NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part I of Itam 18.) 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yaer factory, straet, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Mac. 1962 and that death occured at A.M. from the causes and on the date stated above. 22e. SIGNATURE SIGNED ATTENDING PHY5 DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION. OFB Co. Pasadena. Familu Plot 25s. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE FEB 1 15M 9/60 Glen Burnie. Md.



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	01464 CERTIFICATE OF DEATH 01449
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	3 NAME OF DECRASED (Type or pr nt) WILLIAM SRNEST HANDY DEATH FEBRUARY 10 1962
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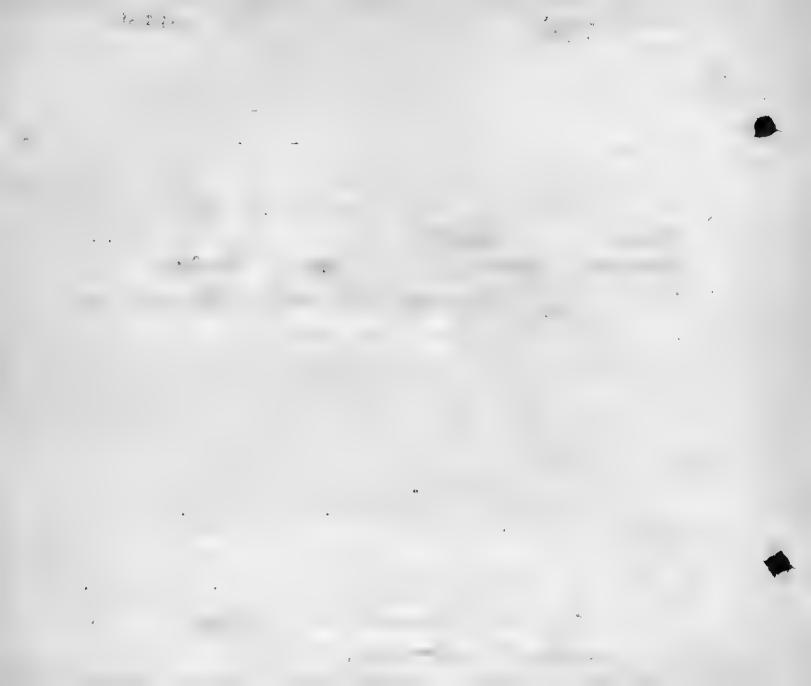




1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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NI P	ą.	36. BURIAL, CREMATION, 23b. DAT THEREOF 23c. NAME OF CEMETERY OF CREMATORY 73d. LOCATION (City Jown or county), (State)
D D OF		REMOVAL (Specify) 2/16/2 Family James James Company Address 256. REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/60		Eldoy Wilson 1/000 phrantle 1 DATEMAR 12'62 1 whiten



TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALLINGE, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Rasidence before admission) & COUNTY b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give neerest town RURAL - Annapolis Annapolis 1 dav d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Rt-2, Anne Arundel General Hospital YES NO Box-427 completely 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH and com HARRIS Gus 1962 February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last hir way) | Months Days Hours Male Negro WIDOWED DIVORCED December 17, 1898 10a USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY , 11, B.RTHPLACE (County 12, CITIZEN OF WHAT COUNTRY? ye country) done daring most of working life, even if retired) tenam Delaware U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN (Yes, no. or unkown) (If yes give were idetes of service) 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, gava rise to immadiate cause **DUE TO** (a), steting the underlying PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19, WAS AUTOPSY PERFORMED? NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour em While Not While et work at work P.m. saw the deceased alive on Feb. ... 15..... 1962..., and that death occurred at from the causes and on the date stated above. 22a. SIGNATUR 22b. DATE ATTENDING MED. SIGNED! PHYS. DIRECTOR PHYS. 2/16/62 MD 22c. PHYSICIAN'S 22d. ADDRESS Church 121 Cathedral St., Annapolis, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23 c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) REMOVAL (Specify) OF 24 FUNERAL DIRECTORIS SIGNATURI 254. REC'D BY REGISTEAR 256. REGISTRAR'S SIGNATURE VR A1S (4) arilar & runes 15M 7.61 DATE



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND
FOR STATE	DILEC MEDICAL EXAMINER'S CERTIFICATE OF DEATH ULASI
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution. Residence before edmission e. COUNTY
or. Page rr files.	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town
Board o	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMY
f any de he fune retaine e State death.	Found in the woods near Skidmore 3. Name of Deceased (lyps or print) WITTEN Middle Last 4. Date Month OF
d 3 to t d 3 to t ay be a with th	5. SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In yeers IF UNDER 14 HRS. lest by index) Months Days Hours I Min.
rs after c s 1, 2, an age 5 m 1 and 2 72 hour	Female Colored WIDOWED DIVORCED 4 95 26 yrs. 10a. LSJAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KND OF BUSINESS OR NOUSTRY 12. CITIZEN OF WHAT COUNTRY
PM3. PM3. PM3. PM3. PM3. PM3. PM3. PM3.	13. FATHER'S NAME Phillip Harry OTangan Oramoles
d within 18. Gi	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17 INFORMANT (Yes? 10 or unkown) (If yes give were or deterrorservice) Address Address Address
execute il in Iter ong wi ansit pel	PART I. DEATH WAS CAUSED BY, [MAMEDIATE CAUSE (a)]
uld be in penc Mice al urial-tra	353,3 DUE TO Conditions, if any, which (b)
iner's Cliner's Cliner's Cliner's Cliner's Cliner's Cliner's Cliner's Cliner's Clineria by a set by correction or reme	gave rise to immediate cause (e), stating the undarlying cause last. (c)
ord "per ord "per ord "per ord Exam be used mation,	PART II OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES TO NO
ER: This g the wo f Medica should rial, crea	20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part 1 or Pert 11 of Item 18) PRIMARY CAUSE OF DEATH.
XAMIN 9, writin he Chie 1: Page 3 2r to bu	20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour a.m. While Not While fectory, street, office bldg., etc.) p.m. 19 et work at work
DAL E	21 I certify that I took charge of the remains described above, held an Autopsy X. Inspection, Inquiry, and in my opinion death resulted from. Natural causes, Accident, Suicide, Homicide, Undetermined manner
forward forward L DIRE	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
rEPUTY se executy if tould be for UNERAL D s designated	DEPUTY MEDICAL EXAMINER NAME (Type) HOWARD G. SHAUB, M. D. Address (Street, city town or country) 2/21/62 1228, BURIAL, CREMATION 225 DATE THEREOF 22c NAME OF CEMETER FOR CREMATION 2247 LOWARD (States) 2247 LOWARD (ST
TO DEP please 4 shoul TO FUN or its d	Bural 2-28-1962 Broadneck Stationgarets 1/10!
VS. A15ME ()	Wm. Reese II Cannapolis, Md. 162 CT 28 Knows

tem 10 Film 308 3-7-6 MANYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH 01467 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Anne Arundel 라 다 다 다 Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) 5 days Glen Burnie Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 500 Crain Highway Anne Arundel General Hospital YES NO A 3. NAME OF Last Month Middle comple DECEASED 1962 (Type or print) Virginia HOMSIUGULUKR DEATH February 6. COLOR OR RACE 7. MARRIED K XNEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. last birthday) Months Days March 4, 1918 WIDO WED DIVORCED | Female physician 10a USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Delaware Own Home Housewife attending pl 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME _ Grace McKinley Walter R. Neall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) { (Ifyes give war or dates of service) Edward Hemstetter, same as 2 212 - 20 - 7188 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 days 1 reumances IMMEDIATE CAUSE (a) Cevelvel thrombers Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying cause last PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? malynes hyperteris in chave fyel reflectes. NO 7 20a, ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of njury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this (State) 20d INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, " 20f. (City or fown) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTO S S 22b DATE 22a SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR M.D. FUNERA 22d. ADDRESS 22c PHYSICIAN'S Gerard Church, M.D. Cathedral St., Annapolis, Ild. 23d. LOCATION (City, town or county) (State) 238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY O F B REMOVAL (Specify) Glen Haven Memozial Glen Burnie, Md. Burial LIM ADDRESS 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] 15M 7/61 Hopping and Kirkley Glen Burnie, Md.

RYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 01468 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Anne Arundel Maryland Anne Arundel after death, b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest tawn) Glen Burnie 16 months St. Margaret d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Plaza Manor Nursing Home Rt. Box 90 .5 NAME OF First Middle 4. DATE Last Month filled DECEASED ipletely filled ers. Poges I offer death. (Type or print) John W. Henson DEATH February 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE n years lost thday) Months Male Colored | WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLA State or foreign country during most of warking life, even if retired) Laborer Not known puo Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Henson Mary Flewood IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address No None Mrs.Echard.D.P.W. A.A.Co. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute coronary thrombosis IMMEDIATE CAUSE (o) **DUE TO** Chronic cardiac decompensation Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Chronic degenerative arthritis. Chronic cystitis. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part ! or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Haur a.m. While Not while at work at work 21. I certify that (I) (this hospital) attended the deceased from 10-26-1962 , and that death accurred at _8AM, from the causes and on the date stated above saw the deseosed olive an Feb. 17. 22a SIQNATUR ATTENDING MED. DIRECTOR M.D. PHYS 22c. PHYSIZ 22d, ADDRESS James M. Pair. M.D. 400 N. Carrollton Avenue Balto.23mMd. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23g BUR AL CREMATION, 23Ь. 23d LQCATION (City, lown, or county poge the Sto REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S STGNATURE **ADDRESS** 2So REC'D BY REGISTRAR VR A15 (4) 15M 9759

MARYLAND STATE DEPARTMENT OF HEALTH 01453 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

e. IS RESIDENCE ON A FARM?

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Vrs

Few minutes

PERFORMED?

YES NO THE

(State)

22b. DATE SIGNED

(State)

U.S.A.

Doys

(County)

YES NO 🗔

1962



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
F 20		01469 EMITHEATE OF DEATH 01454
effe affe	λ	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased kived, if institution: Residence before edmiss of e. COUNTY
s at N	4)	Anne Arundel Maryland a. STATE Maryland Baltimore City
Q € - 3 €		b. CITY OR TOWN (if outside corporate limits. I.e. LENGTH OF STAY IN 1h
24 1 by		write RURAL end give nearest town) Crownsville 4 days Baltimore
in a sha		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENT
will	19	ON AFAIR
letely pers. 72 hour		NAME OF First Middle Last 4 DATE Month Day Year
acut pap pap		DECEASED (Type or print) Caiaphas Hines DEATH 2 20 19 62
d con		SEX 6. COLOR OR RACE 7 MARDIER THEY BE MARDIER THE SEX 15 LANDER 14 HE 19. AGE (In years IF UNDER 14 HE
프 드등 .		Male Negro widowed Servorced November 20, 1915 46 yrs Months Days Hours Min
icat≡ cian a ove ca event,		De. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State of organ country) 12. CITIZEN OF WHAT COUNTY
		chauffeur Georgia U.S.A.
		. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	(T I	Rance Hines Julia
edea tendin n ple		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address
a att		Yes (If yes give was ordates of service) 160-16-9223 Hospital Records
at in the second		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
Sicie Sicie d by Dem		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
Peque phy gine gine isit		DUE TO
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end bee rial- cre		gove rise to immediate cause
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AN.	7	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPS
CI pital	£.	PERFORMED? YES NO N
hos cert		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
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of A A		Hour a.m. While Not While fectory, street, office bldg., etc.}
S O B O B O B O B O B O B O B O B O B O		21. I certify that (I) (this hospital) attended the deceased from 2/16 1982, to 2/21, 1992, that (I) (we) I
P P P		saw the deceased alive sh. 2/21
OR Plant Short		22a. SIGNATURE 22b. DATE
the state of		M.D. PHYS. DIRECTOR E PHYS. 2/21/6
P P P P P P P P P P P P P P P P P P P	1	22c. PHYSICIAN'S 22d. ADDRESS
NE P	1	NAME (Type) / L. Benedict, M. D. Crownsville State Hospital, Maryland
Eth. FU		BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)
ှိုင်နှင့် နှင့်မှိုင်		SIFIAL 15hookhyl MT. CALUANY Com. 15hookhylu Md.
VR A15 (4)		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
15M 7/61		E.D. Walson 1000 BATAT Let Hurl. DATEB 26'62

MARYLAND STATE DEPARTMENT OF HEALTH

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
-		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
M		PLACE OF DEATH 2. USUAL RESIDENCE (Where declared lived. If Institution, Residence before admission) a. COUNTY AMARYLAND 2. USUAL RESIDENCE (Where declared lived. If Institution, Residence before admission) a. STATE() AMARYLAND
	b	CITY OR TOWN (If outside corporate imits write flusts c. LENGTH OF STAY IN 1b c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
X		BOT 1/4 WEST ADDRESS ON A FARM? YES NO [
		NAME OF DECEASED Type or print) Milliam Henry General General Decease Death Day Year Death 22 22 1962
	5. 5	Male Cal WIDOWED & DIVORCED 5-8-1900 6 yrs. Months Days Hours Min.
		ufing most of working tile, even if retired) Ungunia
(Ī)		FATHER'S NAME (MRNOWN) 14. MOTHER'S MANDEN NAME (MRNOWN)
	[Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address 577-44:127-08 Blake Hickory for Colors of service) 577-44:127-08 Blake Hickory for Carty year and Carty year.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)
		Conditions, if any, which (b)
		gave rise to immediate cause (a), stating the underlying couse lost. DUE TO (c)
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMENT YES NO
	L CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
	MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not while at work at
		21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find the death resulted frame Natural courses [2]. Accident [], Suicide [], Hamicide [], Undetermined cause [].
1		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
く		EXAMINER'S F. L. NAME CITY. DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
j "	L	SURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR EREMATORY 22d. LOCATION (City, town, or county) (Signer) SURVEY 12b. 12b. 12b. 12b. 12b. 12b. 12b. 12b.
``	23.	FUNERAL DIRECTOR'S SIGNATURED ADDRESS 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE DATE 1 52



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Anne Arundel by the and 2 MARYLAND Maryland Baltimore City c. LENGTH OF STAY IN 15 b. CITY OR TOWN (if outside corporate limits, c CITY OR TOWN (If outside corporete film to write RURAL and give neerest town) write RURAL and give neerest town) Chance Crownsville 6 davs mos d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 重点 Crownsville State Hospital YES NO completely 3 NAME OF M.ddle 4. DATE Month Day DECEMBED OF Dennis Johnson 1962 (Type or print) DEATH carbon p 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. and ast birthday) Months. Male Negro WIDOWED [DIVORCED [1874 physician IDe. USUAL OCCUPATION (Give kind of work remove 1Db KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? > done during most of working life, even if retired) Unknown U.S.A. Laborer attending ph 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) ((Ifyes give war or dates of service) Unknovn Hospital Records In. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Dehydration & Inanition IMMEDIATE CAUSE (e) **DUE TO** · 1 Anorexia (b) geve rise to immediate cause DUE TO (e), steting the underlying Senility cause lest. te the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS ALTOPSY Old Healed Myocardial Infarct PERFORMED? certifical Chronic Brain Syndrome Cerebral and Generalized Arteriosclerosis NO X due to use prior 2Da. ACCIDENT WAS UNDERLYING [1 DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Pert II of item 18 OR CONTRIBUTING CAUSE OF DEATH DICAL Affer 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, ' 2Df, (City or town) (County) (Stelle) factory, street, office bldg., etc.] While -- Not-While Hour a.m. at work | et work 19 1962, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 62, and that death occured al. 30p, from the causes and on the date stated above. saw the deceased al 22b. DATE 22e. SIGNATURE ATTENDING PHYS. D RECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Crownsville State Hospital, Maryland Benedict. 23c. NAME OF CEMETERY OR CREMATOR | 23d, LOCATION (City, town or county) 23a BURIAL, CREMATION, 236 DATE THEREOF (Stete) REMOVAL (Spec fy) S & S 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) 15M 9/60 Chilling & Flynna

hours after

within

death certificate be executed



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\$ 8 g	7		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01457.
should b	M)		PLACE OF DEATH O. COUNTY A. A. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE b. COUNTY A. C. COUNTY D. COU
Poge 4		1	C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown) LO [MIRM] MD Lote
ector.	X	-	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
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If on, the fun d far y the reg		5 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) March Day Mark Day M
death. d 3 to retaine 2 with		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY uring most of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)
2, only be		L	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
hours ges 1, e 5 mc		15	WILLIAM TU due Jones. Nellie Weir JONES
thin 24 Sive Po 3. Pag File		(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or doles of service) 214-40 0550 MW WM. Thimps Voyen Lothian, Md
n PM: m PM: permit.			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Affair tensure Cludis results discuss Unitable UNITERVAL BETWEEN ONST AND DEATH UNITERVAL BETWEEN
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ing" in Office o	0	CATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
is certifi "ipendi miner's d be use	,	CERTIFIC	20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
NEX: In he word cal Exa 3 shauk		WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work to the work to t
AAmiling t		2	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
te, wr Chie			deoth resulted from: Notunal causes , Accident , Suicide , Homicide , Undetermined couse .
			ACTUAL SIGNATURE
ute the convoided FUNERA	2		EXAMINER'S L. LINGREST DEPUTY MEDICAL EXAMINER & 2-4-62
Series Property of the Figure 1 of the Figure	۹,	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BURIAL (Specify) Feb 6 1962 W+ ZION CEMETERY LOTUIAN (Stole)
/S. A15ME(5) 5M 9/55	M	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
JW 7/33			



- 1	79		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ב הס	3		01473 CERTIFICATE OF DEATH U1458
afte uner houl			PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission e. STATE 5. COUNTY 6. COUNTY 6. COUNTY
the f	MI)	_	MARYLAND
24 h 1 and 1 and r dea	X		b. CITY OR TOWN (I outside carporete limits, write RURAL and give nearest town) write RURAL and give perest fown)
affa effa	V.		d. NAME OF HOSPITAL OR INSTITUTION LIE not in (Aspite., g ve street address) , d STREET ADDRESS
Fy F.			211 10 th Bos I DI TO THE FICE INO I
mplete paper m-72 h	1		NAME OF DECEASED (Type or print) A DATE Month Day Year OF DEATH 1/8 6 19
and co carbon it, with		5.	SEX 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UDDER 1 YEAR IF UNDER 24 HRS.
urificate ysician emove ny ever		10a do	OSCAL OCCUPATION (Give kind of work of BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign co, 12. CITIZEN MHAT COUNTRY of BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign co, 12. CITIZEN MHAT COUNTRY (COUNTRY COUNTRY C
eath ce ling phr lease re		13.	FATHER'S NAME CLUKE COURS 14. MOTHER'S MAIDEN HAME COURS
the di attend Then p			WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Fig. 1. Address Address
an. Y the nit.			18. CAUSE OF DEATH [Enter on y one cause per one for (a), (b), and (c).]
ysicia y by perr			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ungration Jurismanyee ONSET AND DEATH
red paper signi ansit			Conditions, if any, which is the ligacobacel ilvanilums.
ndin ndin nden neen iaf-tr			dave rise to Immediate cause
The affer affer the burning to bu			[e), stating the underlying couse last. [c) Tucefflucturulacia
A.N.:	71	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
SICI pospific rtific ise a	U	I U I	YES NO I
the he this ce d for u		CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ned by After After detache of He		MEDICAL	20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) factory, street, office bldg., etc.) (Stete)
TEN Total			21. I certify that (I) (this hospital) attended the deceased from Microck., 1999, to The 18, 1969, that (I) (we) last
PECTO-			saw the deceased alive on
TINGS SH			226. SIGNATURE ATTENDING MED. STAFF SIGNER M.D. PHYS. DIRECTOR PHYS. D
Page NERA or, pag	1		22c. PHYSICIAN'S NAME (Type) H. & SUMMELY-5 22d. ADDRESS
death. Go FU direct			BURIAL REMATION, 23b. DATE THEREOF 23c. NAME OF CHARTERY OR CREMATIONY 23d. LOCATION (City, town of county) (Stole)
VR A15 (4)	20	24	FINERAL DIRECTOR'S SIGNATURE 256. REGISTRAR 256. REGISTRAR'S SIGNATURE 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60	1.11	1	DATEFER 2 0 '62 Contlor of Known

MANYLAND STATE DEPARTMENT OF HEALTH

YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) a. COUNTY a. STATE Marvland **b. COUNTY** Anne Arundel 후 ANNEXARMOR Anne Arundel MARYLAND by # b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 Annapolis Annapolis d. NAME OF HOSPITAL OR INSTRUTION (if not in hospital, g ve street address)
Dead on arrival) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 814 Boucher Ave. Anne Arundel General Hospital YES NO X law requires that the death certificate be executed 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH 1962 within LEATHERBURY Deale February and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A B. DATE OF BIRTH 5. SEX AGE (In years | IF JNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED [Male yrs. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or lore an country) done during most of working life, even if retired) U.S. Foreman 13. FATHER'S NAME attending pl MOTHER'S MAIDEN NAME WINDSOR Ydul Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) [(If yes give wer or detes of service) 93 HIVS attending physician, as been signed by the 18. CAUSE OF DEATH Enter only one cause per fine INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTOPSY PERFORMED? 11 NO YES 20e, ACCIDENT WAS UNDERLYING [7] 1 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of mury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) Month, Day, Year (County) (Stelle) factory, street, office bldg., etc.) Hour e.m. While Not While et work et work p.m. 21. I-certify that (I) (this hospital) attended the deceased from 12-10-11, 1960 to....... 19 (Columbat (I) (we) last and that death occured at ACM, from the causes and on the date stated above. the deceased alive on..... saw BIGNATURE DATE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) James R. MARTIN, M.D. 6 Shaw St., Annapolis, Md. 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) (Stelle) REMOVAL (Specify) O F & 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 SUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 15M 7.61 "un & Thomas



1	J= -67	DEPARTMENT OF HEALTH	
•	DIVISION OF STATISTICAL RESEARCH AND RECO	RDS, 301 W. PRESTON STREET, BALTIMO ATE OF DEATH	01460
M	01475 CERTIFIC.		
(M)	a. COUNTY	2. USUAL RESIDENCE (Where decessed Irvad, If no a. STATE b. COUNTY Maryland Prix	
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limits, write R	_
	write RURAL and give nearest town) Crownsville 4 mos. 25	days Brandywine	16 X - 2
10	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	Crownsville State Hospital		YES NO
1	3. NAME OF First Middle DECEASED (Type or print) Raymond	Lee 4. DATE Month OF DEATH 2	15 19 62
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED		
	Male Negro WIDOWED DIVORCED	December 23, 1938 23 yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDI	USTRY 11 BIRTHPLACE County & State, or foreign country	12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired) Unknown	Maryland	U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Lee	Alice marshall	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yas, no, or unknown) (Ifyesgivawarordalasofservica)	7, INFORMANT Address	
	Unknown 577-26-0786 18. CAUSE OF DEATH [Enter only one cause per line for (a), [h] and (c).	Hospital Records	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Meningitis	ONSET AND DEATH
	MMEDIATE CAUSE (a) DUE TO		
		Lymphadenitis	
	gave rise to immediate cause (a), stating the underlying DUE TO		
1	causa lest. (c)		
	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		PERFORMED?
		Olism, Terminal URED. (Enter nature of injury in Part I or Part II of item 18.)	YES 🛣 NO 🗍
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		PLACE OF INJURY (Home, form, 2Df. (City or lown) factory, street, office bidg., etc.)	(Stata)
	Hour a.m. P. m 19 at work at work		
	21 certify that (I) (this hospital) attended the deceased from		, 19.62 that (I) (we) las
	1	that death occured a 30M, from the causes ar	
	220 SIGNATURE	ATTENDING MED. STAFF M.D. PHYS DIRECTOR PHYS.	22b. DATE 2/1 5/5/5/
	22c PHYSICIAN S	M.D PHYS DIRECTOR PHYS.	
	NAME Type Lionel McHenry Mapp, M. D.	Crownsville State Hospit	tal, Maryland
		ERY OR CREMATORY 234. LOCATION (C ty, town	
	REMOVAL (Spacify) . Feb. 19/62 St. Ther	nash Ilquares	Wal
R	24 FUNERAL DIRECTOR'S SIGNATURE	25a, REC'D BY MIGISTRAR 25b. REDIS	
01	Leongo & Kalson Manacis	DATE FER 21 '62 Cur	Luy & Trans
Y	V	· ·	



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02704
8.9	01210
W.	a. COUNTY 6. STATE b. COUNTY
\\ -	Anne Arunde Mary Land Mary land Anne Arunde b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
1	write RURAL end give neerest town)
	ANTIGOTIST OF INSTITUTION (if not in hornital nive street address). (A) STREET ADDRESS 0 0 1 e. IS RESIDEN
	Anne Arundel General Dandarquille,
- 1	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
	(Type or print) 1. BOVE DEATH 2 24 19 62
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 HOURS Months Days Hours Mir
	Male Negro WIDOWED DIVORCED 2-22-62 975.
1	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUN
	Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	. 1 20
}-	William H. Lowe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address
	(Yes, no, or unkown) (Ifyes give wer or detes of service)
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] [INTERVA. BETWEED ONSET AND DEATH
Т	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Respiratory distress syndrome. 36 mg
	73 S DUETO O
	Conditions, if any, which to the Probable hyaline membrane clivace 36 ha
	geve rise to immediate cause (e), stating the underlying DLE TO
	Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO
-	PERFORME PERFORME YES NO 20e ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18)
	200 ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert (I of Jam 18.)
	OR CONTRIBUTING [] CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER,
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State
	Hour e.m. vynie lot work lot w
	21. I certify that (I) (this hospital) attended the deceased from. 22 Feb., 1963, to. 24 Feb., 1963, that (I) (we)
	saw the deceased alive on
	226 SIGNATURE CONTINUE CONTINU
,	1226 PHYS. CIPHYS. DIRECTOR PHYS. 124 Feb 62
	James I. Hudson, M.D. Edgewater, Maryland
	23. BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23 DOCATION (City, town or county)
	BUSINES 3-8-1962 Brewer Hill Umapolis Old
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
	Walliam Beeset UNICLE DIR. DATE MAR 9'62 arthur & through
	2-16:979



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item8filmG307jac() 01477 funeral 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY e. STATE Anne Arundel DATA STRATEGY Mary and
c. CITY OR TOWN (if Suiside corporate fimits, write RURAL b. CITY OR TOWN (if outside corporate limits, ENGTH OF STAY IN IN write RURAL and give nearest town) Crownswille d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE Melrose Str. ON A FARME Crownsville State Hospital YES NO PA mpletely Middle 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH Lumpkins [Lumkins] 19 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF JNDER I YEAR last birth day) and Months Days Hours WIDOWED | DIVORCED requires that the cleath certificate 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CIT ZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or fore an country) done during most of working life, even if retired) Laborer Building Howard Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician.
signed by the attending p please .5 John Lumkins Annie Dorsey Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | (If yes give we ror deles of service) World War i. Hospital Records 217050311 IB. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Advnamic ileus DUE TO Early peritonitis Conditions, if any, gave rise to immediate cause DUE TO (e), stelling the underlying cause last. Regional ileitis PART I. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. saw the deceased alive on. L. 22e SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN S 22d. ADDRESS CHLEIFER 363 DEWEY 238 BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) å fig Bolto . Not. ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Ca hur S. Fleaus 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH







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3)	7		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 01478 CERTIFICATE OF DEATH	01462
s after funeral should			PLACE OF DEATH , 2. USUAL RESIDENCE (Where deceased lived, if institution country a. STATE b. COUNTY	ni Residence before admission)
hours the	M	,	b. CITY OR TOWN (if outside corporate mits, c LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate mits, write RURAL	Arundel and give nearest town)
in by			Millersville 2 yrs. Millersville, (Elvaton)	
athir s at	ź		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
w being the state of the state	~./	3.	Elvaton Road (Elvaton) Elvaton Road - Box #182	YES NO Z
pocurte pape 222			DECEASED OF	
com on i		5.	SEX 6. COLOR OR RACE 7. MARRIED N NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UND	
and and carb			Female White WIDOWED DIVORCED 4th Dec. 1900 61 yrs. Month	Days Hours Min.
icate cian ove		10a do	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
hysic remo			housework own home Elmore, Vermont	U.S.A.
in a	(F)	13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME Chathes Ibhahler Clara Emerson	
death inding pleas and in	(\perp)	15	Charles Uhiter Clara Emerson WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	~
the atte Then val,			S. no. or unkown) (If yas g vawar or dates of service)	As #2
that n the			18. CAUSE OF DEATH [Enter only one cause per l.me for (a), (b), and (c)]	I INTERVAL BETWEEN
ires sicia d by perm or r			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (1) Caranay acclusion	minutes
Phy phy igne nsif ion,				
law ding en s Ltra ema			Conditions, if any, which (b) Cheonic Passive Congestion of Heart	months
The then the s be souria			(a), stating the underlying	110000-
N: or a a ha he h		_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a) GO. WAS ALTOPSY
ital sital s t	>	CERTIFICATION	FAR II. OTHER SIGNIFICANT CONDITIONS CONTRACTOR TO SECURITY OF THE LEARNING PORTER OF THE PERSON OF	PERFORMED?
PSSI hosp sertified use	U	DEIC/	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.)	No [1] No [1]
PHT the his c		CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NG by Fer t Heal		MEDICAL	the transfer of the bldg at a	County) (State)
of detail		WED	Hour a.m. While Not While macrory, areas, office blogs, arc.) p.m. 19 et work at work	
Dept Per			21. 1 certify that (I) (this hospital) attended the deceased from. 129	
Selection of the select			saw the deceased alive on 2/10 1962, and that death occured at 2P.M. from the causes and o	
She She	1		22a, SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR I PHYS. I	22b. DATE SIGNED
The State of the s	î		22c. PHYSICIAN'S DIRECTOR PHYS. DIRECTOR PHYS.	2/13/62
Pag Fag KR			NAME (Type) 425 S. Retchie Hoy &	len Burne, not
HOSPIT, Path. Page FUNER. rector, page		238	BURIAL, CREMATION, 236 DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION (CAY, town or co	(State)
O PO P P				/ermont
VR A15 (4)		24	FUNERAY DIRECTOR'S SIGNATURE 1 ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR 260. REGISTRAR 256. REC'D BY R	
15M 9/60		12	ichan l'Origielon Glen Burnie, Md. DATE FEB 15'02	



1	MARYLAND STATE DEPARTMENT OF HEALTH					
	O1479 CERTIFICATE OF DEATH	02708				
the funeral d 2 should the funeral the funeration the funeral the funeration the funeratio		Irved, If institution, Residence before edmiss on b. COUNTY Baltimore City mits, write RURAL end give necres! town)				
rs affigure 4	write RURAL and give neerest lown) Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	3 VC 1 · 4				
maletely fi papers.	Crownsville State Hospital 1806 E. Fayette St. NAME OF DECEASED (Type or print, Lawrence Martin DEATH	reet YES NO				
cial and co	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAYE OF BIRTH Negro WIDOWED DIVORCED 1905 100. USUAL OCCUPATION IGIVE Kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE, County & State, or fore gar	(in years IF UNDER 1 YEAR IF UNDER 24 HRS withday) yrs. Country) 12. CITIZEN OF WHAT COUNTRY				
ding physicial a please move on a prevent	done during most of working life, even if retired) Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.				
hat the desither after alternaling to the ple	Unknown TS. WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesg.vewarordelesofservice) Unknown Hospital Records	Address				
The law requires attending physicial as been signed by burial-transit pilm ial, cremation, or r	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause [e), slating the underlying DUE TO	ONSET AND DEATH				
PHYSICIAN: the hospital or this certificate h d for use as the filth prior to bur	PART I. OTHER S.GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS Dementia due to Encephalitis 20b. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW NULRY OCCURED (Enter neture of injury in Pert I or Pert I of Pert I	YES NO				
TENDING retained by FOR: After be detache Dept. of Hea	20c. TIME OF INJURY Month, Dey, Year Hour e.m. 20d. INJURY OCCURRED While Not While ar work ar work 20d. (City or tow factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 1962, to 21.	16 19.62 that (I) (we) la				
HOSPITAL, OR AT MAY be PUNEL CURECT Stoold with the State I	saw the deceased alive on 2/16 19.62, and that death occurred at 1515 M, from the 22e. SIGNATURE ATTENDING PHYS. ATTENDING PHYS. 22d. ADDRESS 22d. ADDRESS	22b. DATE 2/16/86NE				
AL VIS (4)	ERHOVAL (Specify) 3-7-62 (M) Md. 24 FUNERAL DIRECTOR'S SIGNATURE ACPRESS (250. REC'D BY REGISTRAR)	(City, town or county) (State) O M4 25b. REGISTRAR'S SIGNATURE				
M	O'alliam Filsi M. Cutto. M. DATEMAR 8'62	Certhun & Thomas				



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 81480 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if 'institution; Residence before edmission) a. COUNTY b. county hne Arundel Anno Arundel MARYLAND b. City OR TOWN (if outside corporete l'mits, c. LENGTH OF STAY IN 16 c. CITY OR FOWN (if outside corporate limits, write RURAL end give neerest lown) write RURAL end give nearest lown) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Colonial Ave. Keeney's Apts. Keensy's Apt's * Colonial YES NO X 3. NAME OF DATE DECEASED MORRISON OF LILLIAN McDONALD(Type or print) DEATH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days March 5, 1897 White Female. WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Winchester, Virginia own Home House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sidney Jane Kerns Stephen Dandridge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT (Yes, no, or unkown) (If yes give we ror dates of service) Mr Charles W. Morrison- Husband - same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) **DUE TO** Conditions, if any, which gava risa to immediate cause **DUE TO** (a), steting the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO Z 200, ACCIDENT WAS UNDERLYING [1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from...... 7. 3. 196 2..., and that death occured a LAM from the causes and on the date stated above. saw the deceased alive on.. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. page with t ADDRESS 22d. PHYSICIAN'S NAME (Type) Frank Ship 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) [Stete] 23e BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Feb. 28, 1962 Rosedale Cemetery Martinsburg, West Virginia 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 uneral dome Annapolis, Maryland DATE 证证证 C. Car & House

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 01465 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on) a. COUNTY b. COUNTY Prince Geor e Anne Arundel MARYLAND b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give procest town) 4 months 9 eorge G. Meade d NAME OF HOSPITAL (If not in hospitor, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION Kimbrough Army Hospital 909 Park Ave YES NO NO .⊆ NAME OF 4. DATE Middle Lost Month Day Year filled MICHAEL POHTA'AN Februáry DEATH (Type ar print) 19 IF JNDER I YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years completely lost birthdoy) Male Cau 31 May Months Davs Hours WIDOWED | DIVORCED | 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Ohio puo 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joyce Williams James Pohlman 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 909 Park Ave Laurel, Md. Father attending 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Dehydration, severe IMMEDIATE CAUSE (a) DUE TO Viral astroenteritis 7 days ony Conditions, if ony, which igned gave rise to immediate DUF TO couse (a), stating the underphysicion. been si ono lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES TAL NO IT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice blda., etc.) Hour a.m. While Not while at work at work pm. attraction of the date stated above. detoch y the TOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 14 Feb 62 should moy be r PHYSICIAN'S Capt., M.C. strar K mbrough AH Ft -eo G. Meade, Id. TORTON C. KALE. NAME (Type) 220 BURIAL, CREMAT ON 22c NAME OF CEMETERY OR CREMATORY 22d. LOSATION (City, tawn, or county) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE D BY REGISTRAR VS A15 (4) 15M 9/5B

requires that the death certificate be executed within 24 hours after death. Page



Enforce			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
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n 24 ho n by th			b. CITY OR TOWN (if outside corporate limits. write RURAL and give nearest fown) I W 4 months C. CITY OR TOWN (if outside corporate limits, write RURAL I W 4 months	- · · · · · · · · ·
d within	/0		d. NAME OF HOSPITAL OR INSTITUTION (find in hospital, give street address) CROWNS UITE HOSP: - 12 NAME OF Elizabeth First Middle Last 14. DATE Month	a. IS RESIDENCE ON A FARM? YES NO
execute completion on pape			NAME OF DECEASED 1221 Price OF DERTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDE	24 1962
te be carbo		10	FM. C WIDOWED DIVORCED 8-6-93 last birthday Months	Days Hours Min.
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at the		(Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or datas of service) HOS PITAL RECORAS	
ires the sician. d by the permit.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) CANADOX FAILUNG	ONSET AND DEATH
ng phy ng phy n signe transit mation,			Conditions, fany, which is DUE TO Arterio scherofic Heart Disease	One day
The la attendinas beer burial-rial, cre			gave rise to immediate cause (a), stating the underlying Cause last. (c)	1
CIAN: ortal or ficate I as the	0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDIT ON GIVEN IN RA	PERFORMED?
the host his cert for use		CERTIFIC	206. ACCIDENT WAS UNDERLYING OF DESCRIBE HOW INJURY OCCURED. (Enlar natura of injury in Part I or Part II of 'tam 18) OR CONTRIBUTING OCAUSE OF DEATH OR EITHER, NOTIFY MEDICAL EXAMINER!	
TDING ned by After t Jetached of Hea		MEDICAL	20c. TIME OF INJURY Month, Day, Year You will be seen at work	County) (Stata)
ATTEN Se retai CTOR.			21. I certify that (I) (this hospital) attended the deceased from 10/1.60	
OR John State			220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	22b. DATE
Page Fage FERAL	1		22c. PHYSICIAN'S L. ISENEI) ICT M. 1) 22d. ADDRESS CRONNS I'LE STATE HE	STITAL
HOS death. D FUN director	3	23	REMOVAL (Spacial) Plate 1 1962 911 THEREOF 230 LOCATION CITY, TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	(Stela)
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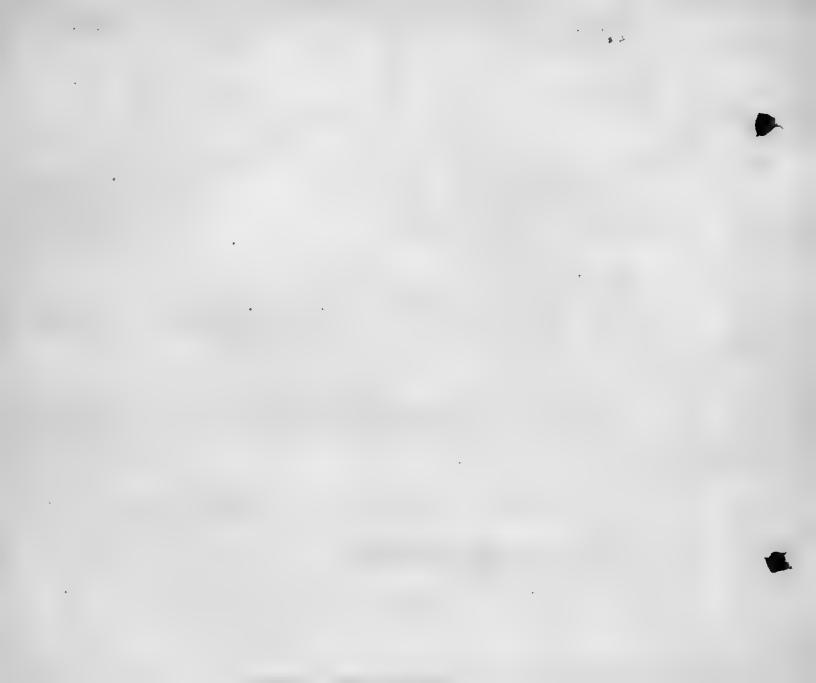
MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution Residence before admission a. COUNTY o. STATE **b.** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write RIPRAY and give nearest/lown) c. LENGTH OF STAY IN 16 c. CIDEOR TOWN(If outside corporale limits, write RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET OR INSTITUTION ON A FARM? YES NO 2. 4. DATE NAME OF Middle Day Year Month DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. ŞEX 7. MARRIED NEVER MARRIED los bythday) Months Doys Hours WIDOWED V DIVORCED 100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM ò _= IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (If yes, give war or elates of service) (Yes, no. or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoling the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame_form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Havr a.m. NoLwhite" While p. m. al work of work 19 2 that (I) (we) lost 21 I certify that (I) (this hospital) attended the deceased from... 1962, and that death occurred at ____M, from the causes and on the date stated obave. saw the deceased plive on... 220 SIGNATURE 22b DATE SIGNED M.D. PHYS DIRECTOR [22c PHYSICIAN'S 22d ADDRESS Boar NAME (Type) FUNER 23c NAME OF CEMETERY OR CREMATORY (Stote) 23a BUR AL CREMATION, 23b, DATE THEREOF 23d COTATION (City, tawn, or county) page the Sh 256 REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR VR A15 (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, W. PRESTON STREET, BALTIMORE 1 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) ector, P. your files. e. COUNTY e. STATE b. COUNTY MARYLAND Anne Arundel Mary land CITY ON TOWN (foulside corporete limits, write RURAL e b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE State Boa ON A FARM? YES NO 3 Thomas - Rd 3-New Middle DECEASED (Type or print) February 3rd. Pamela Gay Redmond 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yours) IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. B. DATE OF BIRTH last birthdey) Months | Days Hours WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Memorial Hosp. Riverdale, Md. USA pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Louis Wampler Louis S. Redmond 표 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewator detesofservice) permit. Mr. Louis S.Redmond (father) No None executed INTERVAL BETWEEN 18. CAUSE OF DEATH Itnier only one cause per line for (a), (b), end (c).] ONSET AND DEATH Brole PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of skull, Fracture of pelvis. Sudden-DUE TO burial Ö Conditions, if any, which gave rise to immediate cause 10 DUE TO (e), steting the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6), 19. WAS AUTOPSY CERTIFICATION PERFORMED? å NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY TO CONTRIBUTING CAUSE OF DEATH. Automobile in which she was riding slid and turned on the side. m @ buri. 20c. TIME OF INJURY 1 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm,) 201. (City or town) Month, Dey, Yeer Ġ. factory, street, office bldg., etc.) While et work et worky to the OR: P prior Severn 1.20mP.M New Cut Road 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Inspection + Undetermined manner Suicide Homicide death resulted from: Natural causes forwarde L DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER (X) O DEPUTY Gustave H. Faubert, M.D. Glen Burnie.Md. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY. 22d. LOCATION (City, town, or country) 220. BLRIAL, CREMATION, 226. (Stete) ರ ೧೪೫ 24. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME



./ I	MARYLAND STATE DEPARTMENT OF HEALTH
1. L	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH (15375)
THEALTH DEPT.	1. PLACE OF DEATH INTO THE LOT TICES DI 2. USUAL RESIDENCE (Where deceased lived, If institut on, Residence before admission
88.2	Anne Arundel County MARYLAND S. STATE Maryland b. COUNTY Anne Arundel
8 2 E P	b. CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OF STAY IN 16 CITY OR TOWN (if outside comparate limits L. LENGTH OR TOWN (if outside comparate limits L. L
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B &	ON A FARM?
y d fune inec tate tate	3 NAME OF First Middle Lost 14 DATE Month Day Year
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# 15 E	George W. Retu February 15 19 02
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2월 명 구 3회	10s. USUAL OCCUPATION (G've kind of work done during most of working fife, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Pages A3. Pages 1 ages 1	13. FATHER'S NAME
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orm PA	Allen Hoch Reid Nancy Kirwan Weltin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT
₹ × • • • •	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Hyes give were or dates of service)
em 1 with serm	A STAND ON A DESIGN
executed il in Item long with ansit per nd in any	18. CAUSE OF DEATH [Entar only one cause per lina for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
alo alo tran	IMMEDIATE CAUSE (a) Pulmonary edema and intra-alveolar hemorrhages
d be e penci ice al ial-tra ral, an	1/2.0 DUE TO
nould Office Duria Move	Conditions, if any, which (b)
ate sh nding' iner's I as a or rei	(a), stating the undarlying DUE TO
	cause last. (c)
Exal Exal e us	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,a) 19. WAS AUTOPSY PERFORMED? YES DO LESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part I, of them 1B.) PRIMARY OF CONTRIBUTING CONTRIBUTION CO
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Medi Ti	206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Pert I, of item 18.)
AMINE writing a Chief Page 3 to burit	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] [County] (State) Hour a.m. While Not While at work street, office bldg., etc.)
EXA	₹ p.m. 19 at work all work
7000	21. I certify that I took charge of the remains described above, held an Autopsy 🔯 Inspection Inquiry and in my opinion
certifica rded RECT gent,	death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner
DICA whe certi orwarded DIRECT	CHIEF MEDICAL EXAMINER
To be	ACTUAL SIGNATURE DATE SIGNED
PUTY executed and be for the formal of the f	EXAMINER'S Rudiger Breitenecker, M.D. DEPUTY MEDICAL EXAMINER
	NAME (Type) Address (Street, city, town, or county) February 11. 1962
日間の発生し	228 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
6 <u>2</u> 469	CREMATED 5-29-62 City Morgue TBALTO. Md
VS. AISME	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR 5 SIGNATURE
5M 9/60 1.1	DATE MAY 3 1 '62 C Thur & Health
17	5.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, AND TO STREET, BALTIMORE 1, AND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY Baltimore City Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RJRAL and give nearest town) write RURAL end give nearest lown) 12 days Crownsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 2446 Cherry Hill Rd. Crownsville State Hospital YES NO X 3. NAME OF DATE Middle Month DECEASED (Type or print) DEATH 19 62 Robinson Eugene 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 48 (in years Months Male Negro Days Hours April WIDOWED [DIVORCED T 1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, B.RTHPLACE (County & State or foreign country) done during most of working life, even if retired) U.S.A. Maryland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry Robinson Bertha? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ad dress (Yes, no, or unkown) (If yes give we ror dates of service) 19421944 Iinknown Hospital Records Yes 1B. CAUSE OF DEATH [Enter only one cause per line for (e), ib), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) metastelec DUE TO (6) DUF TO (e), stating the underlying cause lest. TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION C (EN IN PART La) 19, WAS AUTOPSY OTHER SIGNIFICANT CONDITIONS PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, IEnter neture of migry in Part 1 or Pert II of tem 16 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (County) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or lown) (Stete) factory, street, office bldg., etc.) While Not While et work 21. I certify/that (1) (this hospital) attended the deceased from... 22b. DATE ATTENDING PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Maryland McHenry Mapp, M. Lionel 23d. LOCATION (City, town or county) 23. BURIAL CREMIATION, 1 23b. DATE THEREOF. 23c. NAME OF CEMETERY OR CREMATORY NStete1 REMOVAL (Specify) 25b, REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 2 e. REC'D BY REGISTRAR Chillen S. Thomas RICE - GGI W BARRES

ARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4)

15M 7/61



PVI AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. BALTIMORE 12 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If Institution, Residence before edmission) a. COUNTY **b.** COUNTY 12 MARYLAND by th b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Y completely 4. DATE NAME OF Middle Month Dav Year DECEASED OF H (Type or print) DEATH 19 and cor 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! TIMIVUAN 13. FATHER'S NAME please c attending WAS DECEASED EVER IN J.S. ARMED FORCES? 17. INFORMAN' Address (Yes, no, or unknown) | (If yes give war or dates of service) been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 2 S PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) 20e ACCIDENT WAS UNDERLYING IT I OR CONTRIBUTING FT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour n.m. Not While at work at work 2/10, 1967 to 2/11, 1962 that (1) (we) last 21. [certify that (I) (this hospital) attended the deceased from. and that death occurred at 1.2 MM, from the causes and on the date stated above. 22b. DATE SIGNED ATTENDING (DIRECTOR M.D. with t ADDRESS death. Page to FUNERA 22c. PHYSICIAN/S NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (State) 23c. 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) r 15M 7/61

The law requires that the death certificate be executed

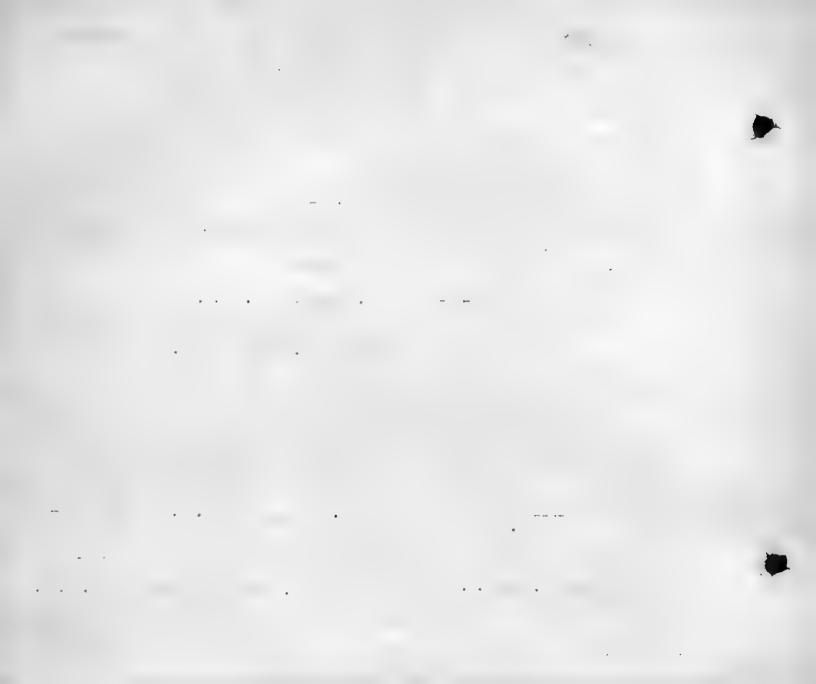


1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIA	NORE 1, MARYLAND
ian 🚗	01487 CERTIFICATE OF DEATH	01424
should W	1. PLACE OF DEATH a. COUNTY Anne Arundel 2. USUAL RESIDENCE (Where deceased lived as STMaryland b. CO	, If institution: Residence before admission DUNTY A.A.
in by the rand or deapt	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest lown) Hanover, Md c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest lown) Hanover, Maryland	write RURAL and give neerast town)
ours aft	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Box 114-D Dorsey Road Box 114-D Dorsey R	oad 8. IS RESIDENCE ON A FARM? YES NOT
mpletely papers. In 72 ho	3. NAME OF first Middle Last 4. DATE M OF OF OF Sanderson DEATH Febr	uary 18 1962
and co carbon nt, within	female white widowed K DIVORCED January 29,1878 84 yrs	Months Days Hours Min.
ysician emove ny ever	TDB. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife North Carolina	12. CITIZEN OF WHAT COUNTRY U.S.A.
olease r	13. FATHER'S NAME Eden Flowers 14. MOTHER'S MAIDEN NAME Margaret (unknown)	
Then poval, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Add (Yas, no, or unknown) (Ifyasg vowarordalosolservice) none Travis A.Gibbs, Dorsey Road,	
has been signed by the burial-transit permit.	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAJSE (a) DUE TO Conditions, if any, which gava is to immediate cause [a], stating the underlying cause last. (c)	INTERVAL BETWEEN ONSET AND DEATH
se as the or to bu	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AJTOPSY PERFORMED? YES NO
this ce id for u	20b. ACCIDENT WAS UNDERLYING () 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Iam 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
t: After detache . of He	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 20d. INJURY OCCURRED While Not While at work at work at work at work at work at work.	(County) (State)
RECTOR hould be state Depl	21. I certify that (I) (this trospital) attended the deceased from 2 - 16	
R page 3 sl vith the 9	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. [22c. PHYSICIAN'S NAME (Type) G D	SIGNE
director, pe filed v	23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 2-21-62 St. Peters Cemetery Baltimor	, town or county) (State)
R A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE Wm.Coek, Inc., 1217 St.Paul Street, Zone 2 DATE: 2 1/62	
2		triling I. Marile

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after death.

within 24 hours



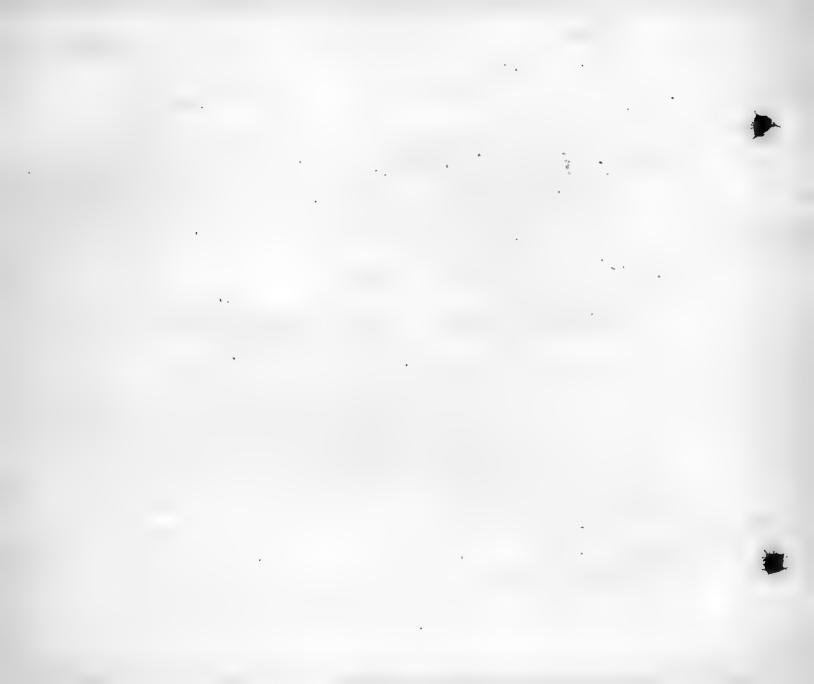
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01489 I director filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND eral be f b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write-RURAL and give nearest fawn) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO -0 in b NAME OF 4. DATE Middle Year Fillad oes DECEASED OF DEATH (Type or print) 19 after death 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE B DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Days Months Haurs Min. DIVORCED WIDOWED IT compli 10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fereign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, evenif retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 .5 that the death certificate physicic with remaye 15 WAS DECEASED EVER IN 17. INFORMANTZ Address B_L ease attendir CAUSE OF DEATH [Enter only one cause per line for (g), INTERVAL BETWEEN (b), and (c) ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which gned gove rise to immediate DUE TO cause (a), stoting the underbeen si lying cause last. 0 FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6):119 WAS AUTOPSY mation, PERFORMED? d burial YES 🔲 NO 🗷 20g ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Haur a.m. While Not while p. m. of wark at wark 21 I certify that (I) (this haspital) attended the deceased from. 19____, that (I) (we) last and that death occurred at M. from the couses and on the date stated above sow the deceased alive an 220 SIGNATURE 22b, DATE ATTENDING PHYS. SIGNED MED.
DIRECTOR STAFF PHYS. M.D. Board 22c. PHYSICIAN'S 22d ADDRESS should NAME (Type) FUNERAL DATE_THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town, or county) BUR AL CREMATION. 23Ь. page the Sk 25b REGISTRAR'S SIGNATURE DIRECTOR'S 25a REC'D BY REGISTRAR VR A15 (4) 2 8 '62 DATE 15M II/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DFPT . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY s necessary, rector, Page files. Health, e. STATE **b.** COUNTY Anne Arundel County Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Jessups Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 640 W. Franklin St. Maryland House of Correction YES NO POK 3. NAME OF DECEASED Middle 4. DATE (Type or print) DEATH February 19 62 CHARLES SAWYER 19 H. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years HE UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdoy) male colored Months Hours WIDOWED 1 DIVORCED ጓጸ yrs. 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during (host of warking life, even if retired) auguer pages Give Pag 13. FATHER'S NAME 6 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address [Yes, no, or unkown) | [Tryesgive war ar detes of service) Office along with 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hypertensive cardiovascular disease IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise te immediata cause "pending" **DUE TO** (a), stelling the underlying Partial cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY GENTRICATION PERFORMED? NO plnous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Itam 18,) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) [State] factory, street, office bldg., etc.) While Not While Hour a.m. to the OR: Pa prior et work et work Partial 21. I certify that I took charge of the remains described above, held an Autopsy XX. Inspection Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER TOCK DATE SIGNED DEPUTY MEDICAL EXAMINER Should I EXAMINER'S Rudiger Breitenecker, M.D. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or pountry) (State) Mt Auburn <u>_</u>40 Baltimore Md ADDRESS 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Adolphus Halstead 918 Druid Hill Ave. · wy & Thousa 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Ages "	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
	01492 CERTIFICATE OF DEATH	01476		
	1. PLACE OF DEATH e. COUNTY CCC MARYLAND 2. USUAL RESIDENCE (Where december of the country o	b. COUNTY		
M)	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) Brocklin PK c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) Brocklin PK	e fimits, write RURAL and give nearest town)		
X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	o. is residence ON A FARM YES NO		
	3. NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print)	Month Dey Yeer 2 - /7 - 19 62		
		GE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS thanholy) yrs. Months Deys Hours Min.		
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore done during most of working life, even if retired) 11c. USE - 15c.	gn country) 12. CITIZEN OF WHAT COUNTR		
	14. MÖTHER'S MÄIDEN NAME	uber		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewarordalesofservice)	Address		
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, it any, which (b) generalized arter is cleritic (.V. diseo	1		
	geve rise to immediate ceuse [e), stelling the underlying ceuse fest. (c)	100		
	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a) 19. WAS AUTOP		
•	E Terran al hon dispression	YES NO		
	Toman al hon depotential 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of in'ury in Port I or Part I. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO		
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Ierm, 20f. (City or Hour e.m.	YES NO [
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Ierm, While et work et work 20t. (City or tectory, street, office bldg., etc.) 21. certify that (I) (this hospital) attended the deceased from	YES NO [town) (County) (Slete)		
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED While Not While et work et work tectory, street, office bldg., etc.] 21. certify that (i) (this hospital) attended the deceased from the deceased alive on 19.2 to 19.2 t	YES NO [town) (County) (Stete)		
i i	20c. TIME OF INJURY Month, Dey, Year 10d. INJURY OCCURRED While Not While et work 19 tectory, street, office bldg., etc.] 21. I certify that (i) (this hospital) attended the deceased from 19. To and that death occured attended the deceased size on 19. To and that death occured attended the deceased from 19. To and that death occured attended the deceased from 19. The DIRECTOR	town) (County) (State) town) (County) (State) town) (County) (State) town) (State) town) (State) Ave. Balto. #26,		
al and a second	20c. TIME OF INJURY Month, Dey, Year 10d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Ierm, Phour e.m., 19 while et work 10 tectory, streat, affice bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occured attended the deceased from 19 and that death occured attended the deceased from 19 and that death occured attended the deceased from 19 and that death occured attended the deceased from 19 and that death occured attended the deceased from 19 and that death occured attended the deceased from 19 and that death occured attended the deceased from 19 and that death occured attended the deceased from 19 and that death occured attended the deceased from 19 and that death occured attended to 19 and that death occured attended the deceased from 19 and that death occured attended the deceased from 19 and that death occured attended to 19 and that death occured attended to 19 and that death occured attended the deceased from 19 and that death occured attended to 19 and 19	town) (County) (Stete) town) (County) (Stete) 1 town) (County) (Stete) 1 town) (County) (Stete)		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY **b.** COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN lift outside corporate limits. c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Life Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 4. IS RESIDENCE ON A FARM? 59 Calvert Street 59 Calvert Street YES NO X 3. NAME OF M.ddle DATE Month DECEASED OF (Type or print) CHARLES SCISCE DEATH AT.RERT 19 62 Feb. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years HE UNDER I YEAR IF UNDER 24 HRS. last birthday) Months. Days Hours Sept. WIDOWED [DIVORCED 6-1883 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ' 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Gen. Utilities Retired Naval Acad. Annapolis. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Scisco Sadie Sands 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(If yes give war or dates of service) Zora G. Scisco-59 dalvert St. Anna. Md. 219-16-0100 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Congestive Heart Failure yrs. IMMEDIATE CAUSE (a) Hypertensive Sclerotic Disease 10 yrs. Conditions, if any, which gave rise to immediate cause **DUE TO** (a), slating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY NOL PERFORMED? 60 NO CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of njury in Part I or Part II of Item 18) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg , etc. While Not While Hour a.m. at work | at work | March 9 157, to Feb. 4. 19.62, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on Feb. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) T.H.Johnson K Street Annapolis. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a BURIAL, CREMATION, | 23b DATE THEREOF EMOVAL (Specify) Brewer Hill Annapolis. Md. ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE C.E.Hicks 111 DATEER 1 3 '62 . . 1 S. France Annapolis, Md.

RYLAND STATE DEPARTMENT OF HEALTH

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VR A15 [4]

requires that the death

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3	301 W. PRESTON	HEALTH STREET, BALTIN	ORE 1, MARYLA	ND
- 1	07494 CERTIFICATE	OF DEATH	162 twk	0147	8
0 -	PLACE OF DEATH •. COUNTY Anne Arundel b. CITY OR TOWN (if outside corporate limits, wite RURAL and give neerest town) Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	e. STATE Maryla c. CITY OR TOWN	CE (Where decresed live) nd If outside corporete limits	Calvert_	eorest town)
	Crownsville State Hospital	.3			YES NO
3.	NAME OF First Midd e DECEASED (Type or print) Carrie	Scott	4. DATE OF DEATH	2 13	1962
	L'EMPARICE L'ESTE MANGICE EST	. date of Birth October 23,	1923 9. AGE (In	yeers IF UNDER 1 YEAR deyl Months Deys yrs.	IF UNDER 24 HRS. Hours Min.
d	us. USUAL OCCUPATION (Give kind of work page during most of working life, even if relired) Unknown	Mary	land		·A.
13	Leroy Scott	14. MOTHER'S MAIDEN	name rie Parran		
CATION	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any which geve rise to immediate cause (e), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	OT RELATED TO THE TERM		N G.VEN IN PART 1(e) 1	7. WAS AUTOPSY PERFORMED?
CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	t (till raisia of may)		• 7	
MEDICAL	20c TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. p.m. 19 20d. INJURY OCCURRED 20e. PLA While Not While fect et work 57 Work	CE OF INJURY (Home, far ory, street, office bldg., etc	.)	(County)	(Stote)
	20c TIME OF INJURY Month, Dey, Yeer While Not While fect work 55 Work 20. PLA fect work 55 Work	3/26 death occured at 8	19 45 10 2/1	<u>3 19.62, 1</u>	nat (i) (we) las
WEDICAL	20c TIME OF INJURY Month, Dey, Yeer While Not While fect work 55 Work 20. PLA fect work 55 Work	death occured at Depth of the bldg., etc. 3/26 death occured at Depth occurrence	19 45 to2/1 238%, from the ca	3	nal (I) (we) last te stated above 22b. DATE SIGNE 2/13/6

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, it institution: Residence before edm ssion) a. COUNTY **b.** COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown Annapolis 8 hours RURAL - Edgewater d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6 IS RESIDENCE ON A FARM? Anne Arundel General Hospital DOX-3 YES NO completely 3. NAME OF Middle Last DATE Month DECEASED OF (Type or print) SETTZINGER DEATH Arthur 19 62 February and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED X Male White DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dose-during most of working life, even if jettred U.S. Fennsvlvania 13. FATHER'S NAME please MOTHER'S MAIDEN NAME Ę. attending physician, as been signed by the attending pue 16 SOCIAL BECURITY NO.1 ER IN U.S. ARMED FORCES? 17. INFORMANT (If you ive war or detes of service) гепоуа 16. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 3 WEERS IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, gave rise to immediate cause **DUE TO** [m], stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, lenter nature of injury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED I 20s. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (51ate) factory, street, office bldg., etc.) Hour e.m. While Not While at work at work p.m. 21. I certify that (I) Mark hasking) attended the deceased from Mev. 6 1964, to Feb. 1. 19.62 that (I) (98) last saw the deceased alive on.... 22e. SIGNATURE ATTENDING MED SIGNED DIRECTOR PHYS. PHYS. 11 200 M.D. 27c PHYS CIAN'S 22d. ADDRESS NAME (Type) PUNE Richard I. HOCHMAN Franklin St., Annapolis, Md. 23a, BURIAL, CREMATION, | 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Eg. Gg REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR , 25b REGISTRAR'S SIGNATURI VR A15 (4) 15M 7/61 DATESER Circle of I Hamis



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01496 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Regidence before admission) a. COUNTY - eq b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write BOR) L and give nearest town) c LENGTH OF STAY IN 1h CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) masous d. NAME OF HOSPITAY (If not in hospital, give street oddress) STREET ADDREST IS RESIDENCE OR INSTITUTION ON A FARM YES | NO Mr. WOOD NURSING 4. DATE OF DEATH NAME OF Middle Year Last Month Day DECEASED (Type or print) S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED lost b rthdoy) Months Days Hours WIDOWED D DIVORCED | papers. 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? mg most of working ife, even if retired) metal (Dook Meeper 13. FATHER'S NAME 14. MOTHER'S 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause peguine for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19 WAS AUTOPSY PERFORMED? YES NO 7 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lawn) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while While p. m. at work at work 21 1 certify that (1) (this hospital) attended the deceased from MARCHT, 1960 to 2 - 15, 1822 that (1) (we) last Yand that death accurred of AM, from the causes and an the dote stoted above saw the deceased alive on SIGNALURE ATTENDING PHYS SIGNED DIRECTOR [22c PHYRIAIA 22d ADDRESS FUNERAL 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) CREMATION. poge the Str O W. FUNERAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR VR A15 (4) 15M II/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I.vad, If institution Residence before edmission) . COUNTY cessary, or. Page r files. f Health, Same Same une Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate rimits, write RURAL and give nearest town E. LENGTH OF STAY IN 16 write RURAL and give neerest town? Glen Burnie Same d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve streel address) d. STREET ADDRESS #. IS RESIDENCE ON A FARM? retained he State I 1506 Gov.Ritchie Highway Same YES NO T 3. NAME OF 4. DATE Month DECEASED (Type or print) Thomas P. Shipley February 5th. 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years , IF UNDER 1 YEAR , IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Deys WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages or Page Page Clerk at the Md. Dry Dock Glen Burnie, Md. USA pages 1 14. MOTHER'S MAIDEN NAME Carl H. Shipley Rose Pumphrey 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) ong with Mrs. Clara Shipley (wife) 218-18-8736 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Sudden PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Office **DUE TO** Conditions, if any, which geve rise to immediate cause **DUE TO** (e), stating the underlying Medical Examine should be used a rial, cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO J 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Jem 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While MEDI Hour n.m. et work | et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x 20 Inquiry and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for DATE SIGNED SIGNATURE designal 2/6/62 DEPUTY MEDICAL EXAMINER DEPUT EXAMINER'S plnods Glen Burnie, Md. NAME (Type) Gustave_H. Faubert, M.D. Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) ò 40 8th Feb. 62 Glen Haven Memorial Park Glen Burnie, Maryland <u>a</u> Buria 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME. i "Luis de thous Glen Surnie. 6年 1 3 '62 5M 9/60 Md.

MARYLAND STATE DEPARTMENT OF HEALTH



农	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	01498 CERTIFICATE OF DEATH 01482
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed fived, if institution, Residence before e. COUNTY e. STATE b. COUNTY
1	Anne Arundel Maryland Anne Arunde
Λ	b. CITY OR TOWN (if outside corporate 1 mits, write RURAL and give neerest tow write RURAL and give neerest lown)
	Annapolis D.O.A. X Brooklyn Park
7:7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RE ON /
*	Anne Arundel Gen. Hosp. 202 W. Hilltop Road YES
	3. NAME OF First Middle Lost 4. DATE Month Dey Yeer DECEASED OF
	(Type or print) Rufus O. Simmons DEATH February 24, 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1 YEAR) In the state of
	Male White widowed Divorced May 24, 1878 83 yr. Months Deys Hours
	10e. USUAL OCCUPATION (Give kind of work one if relired) 10b. KIND OF BUS NESS OR INDUSTRY 11. EIRTHPLACE (County & Stele, or foreign country) 112. CITIZEN OF WHAT Country and one during most of working life, even if relired) 113. CITIZEN OF WHAT Country and other country and ot
	Carpenter Construction Meryland U.S.
	William Simmons Emma Rhark
Γ)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unkown) (Ifyesgive werardetes of service)
	No
	PART I, DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (a)
	Conditions, if ery, which (b) arkered - Acknown
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0	(e), sleting the underlying DUE TO ceuse lest.
	PERFO YES T
	206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert Lor Part II of view 18.)
	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II(6) P. WAS A PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II(6) P. WAS A PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter peture of injury in Part II of riom 18.) 206. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURED. (Enter peture of injury in Part II of riom 18.) OR CONTRIBUTING TO CAUSE OF DEATH
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) Hour e.m. 19 et work et work
	21. I certify that (I) (this hospital) attended the deceased from
	saw the deceased alive on
	22bg S GMATURE 22b
	Chara & Back - M.D. PHYS & DIRECTOR PHYS. Feb. 26
	22c. PHYSICIAN'S 22d. ADDRESS
	NAME (Type) Charles L. Ball Jr. 203 W Maple Road Linthicum, Ml.
	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
	Burial Feb. 27, 1962 Glen Haven Mem. Pk. Glen Burnie, Maryland
0	24 ELMERAL DIRECTORS SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE
of.	George Honce 4001 Ritchie Hwy. (25) DATE MAR 1 '62 Cuth of S. thous
7,	George J. Gonce



RYLAND STATE DEPARTMENT OF HEALTH



	複		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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ad b	11	H	01500 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. GLINA 84
please ex should be cremation			2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY
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director les.		Ľ	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? VES \(\sum no \(\sum \)
y dete neral rour fi gistrar	£ "	3.	NAME OF DECEASED Type or print) A DATE Month Doy Year OF DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DOY Year DEATH DEATH DOY Year DEATH
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ond		12	FATHER'S NAME 14 SA. 14 MOTHER'S MAIDEN NAME
s 1, 2 5 ma)	(T)	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18.
age 5 ge 5 pog	(T)	15.	WAS/DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
hin ive F		[193	ond, of unknown) (If you, give war or dotes of service) Ella S. Collect (2)
P. G. P. M.3			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
cute orm orm			PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) CAR AURE
in Ite			Conditions, if any, which to
d be			gave rise to immediate couse
Foul of of of			(c), stating the underlying cause last.
ffice os o	C	NOIT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
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Aord Mord Exa Frauk		3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20o. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State)
the dical		MEDI	Haur a. m. p. m. 19 Of work
Fogg			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find tha
vri vri Chief OR:			death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
A Second			DATE SIGNED
A DIO			SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
the cer arded I	La		EXAMINER'S L. LIN HARCOY. DEPUTY MEDICAL EXAMINERS 2-12-62
and		220	AURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY, 22d. LOCATION (City, town, or county) (Stote)
5 . 5 .		J.	mulal 2-24-1762 Reday July and Amapola Ma
VS. A15ME(5)	2 July	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
SM 9/55	الد		Joen 1, 4 anger 1 100 Colore El 2 i '62 1 1 0 8 Kraus



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY 6. courses arende MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate-limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and g ve nearest town Truck 34 OF HOSPIT (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO IZ .트 등 NAME OF First Middle 4. DATE Month Year DECEASED OF (Type or print): DEATH SEX COTTOR OR RACE 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED MEYER MARRIED M lost birthdoy) Months Days Hours WIDOWED [DIVORCED | af AL OCCUPATION (Give kind of work done) 10b MIND OF BUSINESS OR INDUSTRY | TO BIRTHPLACE 12 CITIZEN OF WHAT COUNTRY? ung life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Addre **D** 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH atte PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, | 20f (City or town) (County) (Slote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21 I certify that (I) (this haspital) attended the deceased from. , that (1) (we) last saw the deceased alive an ... and that death accurred a P M. fram the causes and an the date stated above 220 S GNATHER 22b. DATE SIGNED M.D. PHYS. MED DIRECTOR LLE 22c. PHYSICIAN'S 22d. ADDRESS 0 NAME (Type) FUNER/ 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY CATION (City, town, or county) page the St EMOVAL (Specify) 256 EGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR DATE FER en my d. Frank TSM 9/59

LAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01502 CERTIFICATE OF DEATH hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institutions Residence before edmission) e. COUNTY b. COUNTY Anne Amindel MARYLAND Maryland Baltimore City b, CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) year mos. 21 days Crownsville Baltimore d, NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO A Crownsville State Hospital Boyd Street 3. NAME OF Middle 4. DATE Month DECEASED OF Abran (Alias: Abraham) 1962 (Type or print) Taylor DEATH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH tast birthday) | Months Male Negro WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country; 12. C TIZEN OF WHAT COUNTRY? most of working life, even if refired) Virginia U.S.A. -02/00/18M 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME piesi George Taylor Marlia Then p 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or penkown) [[fyes give wer or dates of service] Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Subdural Hemorrhage IMMEDIATE CAUSE (6) Hypertensive Cardiovascular and Renal Disease Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200, ACCIDENT WAS JNDERLYING [] 20b. DESCRIBE HOW NJURY OCCURED, (Enter neture of in any in Pert t or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) factory, street, office bldg., etc.) While __Not-Whole Hour a.m. = = = = et work et work 21. I certify that (I) (this hospital) attended the deceased from . I.A. 19.62, and that death occured at 1.450 from the causes and on the date stated above. saw the deceased alive on 2/ 220 SIGNATURE 22b. DATE ATTENDING DIRECTOR X PHY5. M.D. 22d. ADDRESS 72c. PHYSICIAN'S Benedict, M. D. NAME (Type) Crownsville State Hospital, Maryland 23 DIMENTON CEMPTERY OR CREMATORY 1 23d LOCATION Law town or County 23a. BURIAL, CREMATION | 235 DATE THEREOF (Stete) REC'D BY REGISTRAR 255, REGISTRAR'S SIGNATURE 24 HUNERAL DIRECTOR'S SIGNATURE ADJORESS 15M 7/61 Onting & true

MARYLAND STATE DEPARTMENT OF HEALTH



ja.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
	01503 CERTIFICATE OF DEATH	O1 A Oby			
	PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institute of COUNTY b. COUNTY b. COUNTY b. COUNTY	mico			
	3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BRTH 2 Female Negro whowed Divorced July 23, 1891 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OF INDUSTRY 11 BETHELECK (County & State of Forence or Print)	Day Year 19 62			
T	Unknown John Williams Unknown	U.S.A.			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 219-05-8417 Hospital Records 18. Cause of Death (Enter only one cause per line for e), (b end (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Myocardial Infarction Conditions, if eny, which geve rise to immediate cause (a), steting the underlying cause last. Coronary Arteriosclerosis	INTERVAL BETWEE			
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN Diabetes Mellitus 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert I of tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m.— 20d. INJURY OCCURRED (P.ACE OF INJURY (Home, farm fectory, street, office bidg., etc.) While Now White at work at work at work at work at work.	PART He, 19. WAS AUTO PERFORM YES NO			
1	21. I certify that (I) (this hospital) attended the deceased from	2/27/			
A Second	Crownsville State Hospite 23a. BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify)	Quely >2			



15M 7,61

EVLAND STATE DIPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) b. ÇOUNTY Kent c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TE Year 28 1962 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months | Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH NO (County) (State) 1962, that (I) (we) last 62, and that death occured at \$105.M, from the causes and on the date stated above. 22b. DATE SIGNED Crownsville State Hospital, Maryland (State) 23d_LOCATION (City, town of county) 25e/ REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MAR	YLAND
da s	01505 CERTIFICATE OF DEATH U14	89 _
The state of the s	1. PLACE OF DESTRICTION OF COUNTY OF GOODS AND AND COUNTY OF GOODS AND COUNTY OF COUNTY OF GOODS AND COUNTY OF GOODS AND COUNTY OF GOODS AND COUNT	ca before admission)
24 ho	b. CITY OR TOWN (if outside corporate limits, write RURAL and give write RURAL and give received town)	nearast lown,
within substantial and substan	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddrass) d. STREET ADDRESS	9. IS RESIDENCE ON A FARM? YES NO D
ecuted npletaly papers.	3. NAME OF DECEASED (Type or print) Kerth Lamarr Thambson Death Felt 3	Year 19 6 2
nd con arbon , within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lif UNDER I YEAR Mediths Days with Mediths Days Mediths Days) 15. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 17. AGE (In years lif UNDER I YEAR Mediths Days)	IF UNDER 24 HRS. Hours Min.
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if the deat	15. WAS DECEASED EVER IN U.S. ARMED FORCES? A6. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [lifyesgiva werordeles of service)	Et min
ss that ian. by the mit. T	18. CAUSE OF DEATH [Enlar only one cause par line for (a), (b), and (c).] NOTICE OF DEATH [Enlar only one cause par line for (a), (b), and (c).]	TÉRVAL BETWEN
require physic igned t nsit per	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO DUE TO CViral	days
he law ending been s rrial-tra crema	Conditions, if any, which gave rise to immediate causa (b) DUE TO DUE TO DUE TO DUE TO DUE TO	- weeker
AN: Till or att	causa last. (c)	9. WAS AUTOPSY
YSICI hospita certifica use as orior to	E 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)	YES NO-
y the rithis ed for earth ,		(5'ele)
NDING Pained L. After detach	Hour e.m. While Not While sectory, street, office bldg., etc.)	(3.010)
ATTE be reft and led be the Dep	21. I certify that (I) (this hospital) attended the deceased from Feb., 1967 to Feb. 3., 1967 is saw the degreed alive on Feb., and that death occurred at 71.M, from the causes and on the degree of the causes are caused at the causes and on the degree of the causes are caused at the cause	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
OR Tasy 13 shorthe State	228. SIGNATURE RECLEASE FOR MED. STAFF DIRECTOR PHYS. 2	22b DATE SIGNED
DSPITA JNERA JOY, page ed with	22c. PHYSICIAN S NAME (Type) WILL ARD F. SMITH, MD 22d. ADDRESS Shody Side, Md	
death. FOR director, be filed	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d TOMATION (City, lown or country) REMOVAL (Spacify) 5-5-962 X TOMOTHORNO MINISTRACTION (City, lown or country)	M (States)
VR AIS (4)	FUNERAL PIRECTOR'S SIGNATURE ADDRESS	TURE
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND		
r 0=	01506 CERTIFICATE OF DEATH 01490		
die	1 PLACE OF DEATH a COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY B. COUNTY C. Q.		
funeral A	b. CITY OR TOWN (If obtaide corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give regress town) North Selby Edywater		
	or institution TEG-MARKOT GUEST House- OR INSTITUTION TEGERATOR GUEST HOUSE- ON A FARM? YES NOW		
illed in cardinates I among the control of the cont	3. NAME OF DECEASED (Type or print) Eliza First Hitzbatrick Tighe DEATH 2-17 1962		
Pletely de de	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1859 9. AGE (In years lost birthday) Months Doys Hours Min.		
nd cam	100 LSUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 (FIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 COUNTRY? 14 S. A.		
icran are corbo	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marron		
ng phys e remov event, w	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17 INFORMANT Robert S. Phorne 2		
gores has the attendi igned by the attendi permit. Then pleas remaval, and in any	1B. CAUSE OF DEATH [Enter only and cause per-line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), storing the under: DUE TO DUE TO DUE TO DUE TO		
hysician s been s lian, or lian, or	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? YES NO		
AN: Incending principle to the burical principle for the burical princ	20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHTSK-	20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED Havr o. m. P. m. 19 White Not while at wark of wark 10 of wark		
Noing e hospite t: Affer t oched far ith priar	21. I certify that (1) (this haspital) attended the deceased from. 2-1/ 1962 to 2-1.7 1963 that (1) (we) los saw the deceased alive on 2-16-1962 and that death occurred of A. M. from the causes and on the date stated above		
X AIIX CTON the CTON the CTON the	220. SIGNATORE) ATTENDING MED. STAFF SIGNED		
RAL Should should be Baord	1220 PAYSICIANS EDWARD S. BECK Cuthedrae St annapolis mal		
may be oo FUNE page 3 the State	230 BLRIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, Iown or county) (State) 2 - 21-1962 HOLY SEPULCHER EAST ORAWGE N.J.		
/R A1S (4) 15M 9/59	24 FUNERAL DIRECTOR'S SIGNATURE John M. Lay for of John Chungpolis, Md. Date EE 21'62 250. REC'D BY REGISTRAR'S SIGNATURE DATE EE 21'62		



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, if institution, Residence before edmission) Anne Arundel b. COUNTY 4 P Maryland MARYLAND Baltimore City b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest fown) Crownsville 1 mo. 7 davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO P 1753 Mullekin Street 3. NAME OF Midd e Manth DECEASED Uzzle George 62 [Type or print] DEATH 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. AGE (In years, IF UNDER I YEAR) last birthday) Months | Days Male g physician. signed by the attending physician a ransit permit. Then please remove co WIDOWED | DIVORCED November 1, 1901 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BRIHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Maryland U.S.A. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Uzzle Susan 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give war or dates of service) No Unknown Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) nehydration and Inanition Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART I OTHER'S GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY

Chronic Brain Syndrome Associated with Cerebral Arteriosclerosis

PERFORMED? NO K 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, farm, 20f. (C'ty or town) (State) factory, street, office bldg., etc.) While Not While at work 1902, to. ..., 19.62 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from. $\pm 1/2/...$ 19 62 , and that death occured a Da.M. from the causes and on the date stated above may b saw the deceased alive on 22b. DATE 22a SIGNATURE DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNER. NAME (Type) Benedict. ector, I Crownsville State Hospital, Maryland 236 BURIAL, CREMATION, 1 235, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 0.58 REMOVAL (Specify) MS 25a REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS ST 24 FUNERAL DIRECTOR'S SIGNATURE



CERTIFICATE OF DEATH 01508 Reg. Dist. director, iled with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY filed , g. STATE **b.** COUNTY MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) ANNAPOLIS Annapolis d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 320 Locust 320 Locust Ave. YES NO T Ave E, NAME OF **Eirst** Middle 4. DATE Lost Month Year DECEASED DELORES ACHENBACK VANYO (Type or print) DEATH FEBRUARY 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs Female White WIDOWED | DIVORCED [July 10, 1906 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stale or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) House wife own home Annapolis. Maryland USA carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address no Vanvo - Husband - same none Stephen 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ם PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, Which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 14 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (Slate) factory, street, office bldg., etc.) Haur a. m. While Not while of work at wark P. m. 196 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 1230 P.M. from the causes and an the date stated above. alive on ACTUAL SIGNATURE PHYSICIAN'S Albert L. Anderson NAME (Type) Southgate Ave. Annapolis. D FUNER 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fawn, or county) REMOVAL (Specify)
Burial St. Mary's Cemeterv Annanolis 2 EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE VS A15 (4) FEB 2 ZOme Annapolis. DATE **15M 10/57**

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



*	MARYLAND STATE DEPARTMENT OF HEALTH						
1 3.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE 1, MARYLAND					
re le la		01494					
funeral should	MONTH AND THE PROPERTY OF THE	lived, If institutions Residence before edmission) b. COUNTY					
\$ 25 V	Anne Arundel Maryland Maryland b. CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (foutside corporele limits)	Anne Arundel					
4 Y # 8	write RURAL and give neerest town)	mas, will a KOKAL ond give needest lowing					
in 2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS	a. IS RESIDENCE					
事工學	3rd Street 3rd. Street	ON A FARM? YES \ NO \ \					
etely pers. 2 ho	3. NAME OF first Middle Lost 4. DATE	Month Dey Yeer					
executed completel in papers thin 72 h	(Type or print) Catherine Warfield DEATH F.	ebruary 19, 1962					
- 0 =	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HRS. Inthday) Months, Days Hours Min.					
e be carb nt, w	Female White WIDOWED DIVORCED April 14, 1883 78	yrs.					
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certificat physician s remove any ever	Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U. S.					
	7						
9 5 0 E	John Cook Catherine Catherine IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT	Address —					
	No (Yes, no, or unknown) (Hyesgive war or dates of service) Mr. Allen T. Warfield	Same					
that nn. nit. ihe remoi	18. CAUSE OF DEATH [Enter only one ceuse per line for (e,, (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH					
sicie d by pern or	PART I. DEATH WAS CAUSED BY: Unterior selecotion and Carrelle	dina Typs					
requires physical phy	DUETO						
ne faw req ending phy been signe rial-trans.t cremation	Conditions, if en), which (b)						
25-2-	geva rise to immediate ceuse (e), stating the underlying DUETO						
N: Toor at or at the burial burial	ceuse last. (c) PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS	TION CIVEN IN PART I(a) 19 WAS ALTOPSY					
In its of the second of the se	PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	PERFORMED?					
YSICIA hospita certifica r use as prior to	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury, in Perl 1 or Perl 11						
最 4 5 5 5							
IG PF by the er this hed fo tealth							
Aff Aff of t							
CEN OR: OB of dept.	21. I certify that (I) (this hospital), attended the deceased from Man., 1955 to 24,19, 1962 that (I)						
T P D P P P P P P P P P P P P P P P P P	causes and on the date stated above.						
OR A may b DIREC	220 SIGNATURE ATTENDING MED. STA	22b. DATE					
- Jan - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	220 PHYSICIAN'S DIRECTOR PHY 22d ADDRESS 22d ADDRESS	Feb.20, 1862					
ERA Page with	22c. PHYSICIAN'S Riviera Beach, A. Riviera Beach, A.	A Co Md					
HOSPIT alh. Pag FUNER Foctor, pa		(City, town or county) (State)					
Codeal Code	REMOVAL (Specify)						
YR A15 (4)		25b. REGISTRAR'S SIGNATURE					
15M 9/60	Cloude . Moree 4001 Ritchie Hwy. (25) DATE FEB 27 62	C - Lun & France					
	George J. Gonce	v Alle					



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01495 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **6 COUNTY** ofter death. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN ALL outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) - Metterwel LLEYS VILLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRE e. IS RESIDENCE ON A FARM? YES NO TO NAME OF Middle 4. DATE Month Day Yeor (Type or print) DEATH - 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lgst, bi rthdoy] Months Doys Hours DIVORCED | WIDOWED 17 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired puo 13. FATHER'S NAME physician 9 Um 0 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address guipu 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ...
IMMEDIATE CAUSE (o): DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour o.m. While Not while ot work 🔲 ot work p. m. 21 I certify that (I) (this hospital) attended the deceased from... ____, '19____, that (I) (we) last saw the deceased alive an 19(0 Cand that death accurred at / AM, from the causes and an the date stated above 20 SIGNATURE 22b.DATE M D PHYS STAFF DIRECTOR -22d ADDRESS FUNER 23g BURIAL CREMATION, 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) page the St PEMOVAL (Specify) CEM 15-62 POND 0 24. FUNERAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR DATE FEB 1 6 '62 15M 9/59

YLAND STATE DEPARTMENT OF HEALTH



DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMOR 01512 1. PLACE OF DEATH USUAL RESIDENCE (Whata dacassed lived (I institution) Residence before admiss on) MARYLAND c LENGTH OF STAY IN 16 fouts de corporate simits, writa RURAL and give nearast town) aarasi town) dans OF HOSPITALIOR INSTITUTION (If not in hospita, g ye street address a. IS RESIDENCE ON A FARM YES NO NAMEOF DATE Middle DECEASED OF DEATH (Type or print) 5. 5EX AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. DATE OF 17. MARRIED NEVER MARRIED DE est birthday) Months Days Hours WIDOWED [DIVORCED 1 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address equinkown) [(If yas giva war or datas of sarvica) 18. CAUSE OF DEATH (Enter on y one cause INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Renal Disease **DUE TO** gave rise to Immadiata cause DUE TO (a), stating the underlying causa last. ATED TO THE TERMINAL DISEASE/CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY OTHER SIGNIFICANT CONDITIONS CONTRIBUT CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, (Effer natura of injury in Part | or Part | of Itam 18) 2Da ACCHENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED, 20s. PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY (County) Month, Day, Year (Stata) factory, street, office bldg., atc.) While Not While Hour at work 19 19...., that (I) (we) last certify that (1) (this hospital attended the deceased from. and that death occurred at from the causes and on the date stated above ATTENDING DIRECTOR PHYS. 22d ADDRESS HOSPITA PHYSICIAN 23d. LOCATION (City, town or county) 23a, PURIAL, CREMATION, | 23b DATE THEREOS 23c. NAME OF GEMETERY OR CREMATORY (Stata) REMOVAL (Spacify) J. REC'D BY REGISTRAR 25b. 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) Outhur S. Thous 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY necessary, ector Page files. Health, e. STATE **b.** COUNTY Anne Arundel County MARYLAND Maryland Anne Arundel
c. CITY OR TOWN (if outside corporete I m is, write RURAL and give nearest town) Anne Arundel b CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 write RURAL end give neerest town) Baltimore 25
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Baltimore 25 d. STREET ADDRESS A. IS RESIDENCE ON A FARM? retained the State B. ar death. If any deli and 3 to the funer 603 Regatta Avenue, Terrace View YES NO 603 3. NAME OF DECEASED Year OF 1, 2, and ...
ige 5 may be rentled and 2 with the 72 hours after c (Type or print) DEATH 19 62 IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE [In years lest birthday) Months WIDOWED [DIVORCED [Male White 10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? " in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page I burial-transit permit. File pages 1 am done during most of working life, even if retired) Retired Draftsman pages 1 within U. S. A. Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Wiee Simon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [[fryesgivewerordetesofservice] Mrs. H. P. Packert, 2308 Poplar Dr. Balto. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e)_ Cirrhosis of Liver r's Office s a burial-t removal, a **DUE TO** Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stelling the underlying Medical Examiner's ö cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19, WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, writing the word warded to the Chief Medical E DIRECTOR: Page 3 should be Arteriosclerotic Cardiovascular Disease
20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Hem 18.) of the control of the Chief Means of the DIRECTOR. Page 3 should be seen to burial, or 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) [State] factory, street, office bldg., etc.) While Not While et work | et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident Su cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER TO DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) / NAME (Type) HOWARD G. SHAUB, M. D. Addr 220. BURIAL, CREMAT ON 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, lown, or county) 22d. LOCATION (City, town, or country) REMOVAL (Specify) Q40 p Loudon Park Cemetery Baltimore, Maryland Gremation 23 FUNERAL DIRECTOR ADDRESS. 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Cinthat S. Thomas Ellsworth Armacost 4600 Liberty Heights Ave. DAIFEB 27'62 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

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01514	CERTIFICA	IE OF DEATH			
1. PLACE OF DEATH d. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where on STATE Maryland	deceased lived. If institution: R b. COUNTY	Residence befare admission) Anne Arundel	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). Glen Burnie	c. LENGTH OF STAY IN 16 2yrs.10 mos	c. CITY OR TOWN (If outside X Annapolis	de corporote limits, write RURA	L and give nearest town)	
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION Plaza Manor Nursing H		Rt.2 Holly Be	ach Farm	e. IS RESIDENCE ON A FARM? YES₩ NO	
3. NAME OF DECEASED (Type or print) John Wright	Middle	Last 4,	DATE Month OF DEATH February	Day Year 19 62	
37 -	ANIED THEFEN ANAMAED ES	B. DATE OF BIRTH	last birthdoy) Ma	UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Race horse caretaker	MED DIVORCED DE LE	Bedford Cou	nty, Va.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	*	14, MOTHER'S MAIDEN NAM			
1s. WAS DECEASED EVER IN U. s. ARMED FORCES? 1 (Yes, no, or unknown) (If ges, give wer or detex of service) 18. CAUSE OF DEATH [Enter gally ane cause per	212-18-7827A M	Katie Wrigh FORMANT S. H.A.Parr, 11	Address	each Farm, Annap	
DUE TO	eatastatic pulmo			3 yrs. ?	
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER				IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NOTE	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 19 at work at work.)					
21. I certify that (I) (this hospital) after saw the deceased alive an 2-17-1 220. SIGNATURE 22c. PHYSICAN'S NAME (Type) James M. Pai	962/19 , and that d	M.D. PHYS. MED. DIRECT		19, that (I) (we) last on the date stated above 22b. DATE SIGNED 2-124-196	
230. BURIAL, CREMATION, 23b. DATE THEREOF SEMOVAL (Specify) 2-27-62	23c. NAME OF CEMETERY O	R CREMATORY 230	d. LOCATION (City, town, or co	ounty) A (State)	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS any	apolicy 250. REC'D B		AR'S SIGNATURE	

26110 And the state of t 12-100-H 12and the first of the contract of the contract of 1 6 BRIDE TO THE RESERVE OF THE PARTY OF THE PAR

12	01515 CERTIFIC	CATE OF DEATH Reg. DisCNs. 4 O.O.
(N)	o. County anne Arundel Marylan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATEMARY Land b. COUNTINE Arundel
W	b. CITY OR TOWN (If outside corporate limits, write gural and give negress rown) Millers VIIIe c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Annapolis
94	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Knowllingwood Nursing Home	d. STREET ADDRESS 1993 Fairfax Rd. e. IS RESIDENCE ON A FARMA, YES NO FA
3	D. NAME OF First Middle DECEASED (Type or print) SYLVESTER CARL YOUNGREN	Losi 4. DATE Month Day Year OF DEATH Feb. 24, 1962 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	July 29, 1886 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost by unday) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INI USN	DUSTRY 11. BIRTHPLACE (Stote or foreign country) Boston, Mass 12. CITIZEN OF WHAT COUNTRY USA
I	3. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown
10	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 Yes, or or unknown) (If yes, give wor octobres of service) NO. 10 No. 10 No. 10	Mrs Lottie G. Youngren- Wife- same as # 2
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	failure Interval Between ONSET AND DEATH Mentlis
	Conditions, if any, which gave rise to immediate cause (a), storing the under-	erotic beaut clerent years
Q Separate	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \[\] NO \[\]
		RED. (Enter nature of injury in Part I or Port El of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m. 19 of work of work of work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (City or town) (County) (Stole
	21. I certify that I attended the deceased from 217 alive on 2117, and that dealers of the signature of the signature of the signature of the signature.	th accurred at 11.01 gM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
1	PHYSICIAN'S NAME (Type) Dr. Gerard Church MD	121 Cathedral Street, Annapolis, Md.
0	26. BURIAL CREMATION, BURIAL (Specify) February 27, 62 Baltimore	(ardie)
LAN	opping funeral flome Annapolis, Md.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE FFR 2 7 162 Continue & transport

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

